

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 20 1997 8:00am
Secretary of State

DOCUMENT # K04860

(8)

1. Corporation Name
JUAN B. LARROUDE, M.D., P.A.

Principal Place of Business
3100 U.S. 1 SOUTH
ST AUGUSTINE FL 32086
US

Mailing Address
3430 RED CLOUD TRAIL
ST. AUGUSTINE FL 32086-5000



2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
01/01/1988

3a. Date of Last Report
01/30/1996

4. FEI Number

59-2857198

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

HOLBROOK, H. LEON
INDEPENDENT SQUARE
ONE INDEPENDENT DR., SUITE 2301
JACKSONVILLE FL 32202-5059

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	DP LARROUDE, JUAN B.	☐ DELETE
12.2	STREET ADDRESS	3430 RED CLOUD TRAIL	
12.3	CITY - ST - ZIP	ST. AUGUSTINE FL	
12.4	TITLE		☐ DELETE
12.5	NAME		
12.6	STREET ADDRESS		
12.7	CITY - ST - ZIP		
12.8	TITLE		☐ DELETE
12.9	NAME		
12.10	STREET ADDRESS		
12.11	CITY - ST - ZIP		
12.12	TITLE		☐ DELETE
12.13	NAME		
12.14	STREET ADDRESS		
12.15	CITY - ST - ZIP		
12.16	TITLE		☐ DELETE
12.17	NAME		
12.18	STREET ADDRESS		
12.19	CITY - ST - ZIP		
12.20	TITLE		☐ DELETE
12.21	NAME		
12.22	STREET ADDRESS		
12.23	CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	TITLE	☐ Change ☐ Addition
13.2	NAME	
13.3	STREET ADDRESS	
13.4	CITY - ST - ZIP	☐ Change ☐ Addition
13.5	TITLE	
13.6	NAME	
13.7	STREET ADDRESS	
13.8	CITY - ST - ZIP	☐ Change ☐ Addition
13.9	TITLE	
13.10	NAME	
13.11	STREET ADDRESS	
13.12	CITY - ST - ZIP	☐ Change ☐ Addition
13.13	TITLE	
13.14	NAME	
13.15	STREET ADDRESS	
13.16	CITY - ST - ZIP	☐ Change ☐ Addition
13.17	TITLE	
13.18	NAME	
13.19	STREET ADDRESS	
13.20	CITY - ST - ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juan B. Larroude

2/22/97

CR2E034 (9/96)