

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 7:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K98828

(2)

1. Corporation Name

JACKSONVILLE GROUP, INC.

Principal Place of Business

1440-5 DUNN AVENUE
JACKSONVILLE FL 32210
US

Mailing Address

1440-5 DUNN AVENUE
JACKSONVILLE FL 32210
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1989

3a. Date of Last Report

04/12/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

10728 Atlantic Blvd

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

2a. Mailing Address

26

Suite, Apt. #, etc.

Comprehensive Phys. Ther.

City & State

10728 Atlantic Blvd

City & State

JACKSONVILLE, FL

Zip

32225

Country

USA

4. FEI Number

59-2956440

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

8. Name and Address of Current Registered Agent

KOLCUN, MICHAEL
6960 BONNEVAL ROAD
SUITE 202
JACKSONVILLE FL 32216

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
VD	SALE, BARNES	8818-B GOODBY'S EXEC DR	JACKSONVILLE FL
D	COLLIER, ARTHUR J.	8818-B GOODBY'S EXEC DR	JACKSONVILLE FL
PD	SHELTON, DAVID	8818-B GOODBY'S EXEC DR	JACKSONVILLE FL
TD	HUNTER, DON	8818-B GOODBY'S EXEC DR	JACKSONVILLE FL
SD	HARRISON, JAMES E.	8818-B GOODBY'S EXEC DR	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	Change	Addition
Pres		10728 Atlantic Blvd.	JACKSONVILLE, FL 32225	☒	☐
		10728 Atlantic Blvd.	JACKSONVILLE, FL 32225	☒	☐
Vice Pres		10728 Atlantic Blvd	JACKSONVILLE, FL 32225	☒	☐
		10728 Atlantic Blvd.	JACKSONVILLE, FL 32225	☒	☐
		10728 Atlantic Blvd.	JACKSONVILLE, FL 32225	☒	☐
		10728 Atlantic Blvd.	JACKSONVILLE, FL 32225	☒	☐
				☐	☐
				☐	☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(k), Florida Statutes. I further certify that the information indicated on 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 registered agent authorized 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 attached sheet with my address.

SIGNATURE:

Barnes E. Sale, III, P.T.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number

4/20/95 904-646-3647