


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L02161**  
 1. Entity Name  
 410 JACKSONVILLE DRIVE, INC.



Principal Place of Business: 410 JACKSONVILLE DRIVE, JACKSONVILLE BEACH, FL 32250  
 Mailing Address: 410 JACKSONVILLE DRIVE, JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE IN THIS SPACE**



04142005 No Chg-P CR2E034 (10/03)  
 4. FEI Number: 59-2953552 Applied For / Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LANCASTER, STEVEN J M.D.  
 410 JACKSONVILLE DRIVE  
 JACKSONVILLE BEACH, FL 32250

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANCASTER, STEVEN M.D.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VP
NAME	WHITAKER, DALE M.D.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	YOUNG, EDWARD MD.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T
NAME	VON THRON, JOHN MD.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000320084  
 04/21/05-80023-015 150.00

**DO NOT WRITE IN THIS SPACE**

12. I 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 indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/19/05 DAYTIME PHONE # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR