

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
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



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when refreshing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

U00000869650
03/27/07-80081-005 150.00

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	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Steven Lancaster

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-07

Date

904-241-1208

Daytime Phone #