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

PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Aug 26 1997 8:00am

Secretary of State

Change Addition

000002279230 -08/28/97--01008--013

\*\*\*385.00

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # L05320

(1)

ORANGE PARK ADULT SPECIALTY CARE, P.A.

Principal Place	e of Business	Mailing Address				(1)	<b>                                    </b>
1895 KINGSLEY AVE SUITE 903 ORANGE PARK FL 32073		1895 KINGSLEY AVE SUITE 903 ORANGE PARK FL 32073-4410		jan.			
					<ol> <li>Date Incorporated or Qualified 07/26/1989</li> </ol>	3a. Date of Last F 04/29/1996	leport
	lace of Business	2a. Mailing Address			4. FEI Number	<del>- </del>	pplied For
21	# ata	Suite, Apt. #, etc.	<del></del>		59-2956736		ot Applicable
Suite, Apt. #, etc.		Suite, Apr. #, etc.		5. Certificate of Status Desired	7 7 7 7	Additional equired	
City & State		City & State		6. Election Campaign Financing		May Be	
23		28		Trust Fund Contribution		to Fees	
Zip	Country Zip		Country	1	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30		Florida Statutes X Yes No		
	g. Name and Address of Curren	t Registered Agent	81	I NI	10. Name and Address of New Re	gistered Agent	
	SLER, JEFFREY B., M.D.		81	Name			i
1895 KINGSLEY AVENUE			82	Street Add	ress (P.O. Box Number is Not Acceptab	te)	
STE 903 ORANGE PARK FL 32073							
UKA	INGE PARK FL 320/3		83				
		•	84	City		FL 85 Zip	Code
SIGNATURE	_ 1 18126	2-7			poration submits this statement for the p lion's board of directors. I hereby accep	urpose of changing it the appointment as	ts registered registered
12.	Signature, typ d or printed harm of register test ages; And title if a OFFICERS AND DIRECTO		r. (NOTE Registered Agent signature req.  13.		ired when reinstating)  ADDITIONS/CHANGES TO OFFICE	EDG AND DIRECTOR	DC IN 10
TITLE	P OF FIGERS AND	DELETE 1.11		<del></del>	ADDITIONS/CHANGES TO OFFIC	Change	Addition
NAME	CHESLER, JEFFREY B M.D.	1.2 N			· ·		
STREET ADDRESS	1895 KINGSLEY AVE SUITE 90	)3	1.3 STREET ADDRESS				1
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CHY-3	ST-ZIP			
TITLE			21 TITLE			☐ Change	Addition
NAME	RAMEY, THOMAS L M.D.		2.2 NAME				)
STREET ADDRESS	1000 1		2.3 STREET	ADDRESS			
CITY-ST-ZIP			2.4 CITY -	ST-ZIP			
TITLE	T DELETÉ		3.1 TITLE			☐ Change	☐ Addition
NAME	JUBA, DANIEL R. M.D.		3.2 NAME	7			
STREET ADDRESS	1895 KINGSLEY AVE SUITE 90	13	3.3 STREET	ADDRESS			ļ
CITY-ST-ZIP	ORÁNGE PARK FL 32073	F burn	3.4. CITY -	ST-ZIP		T 0	I Lanca
TITLE		☐ DELETE	4.1 TITLE		(C) (C) (C) (C) (C) (C)	Change	Addition
NAME			4. 2 NAME		90000227 -08/28/970100	3 <b>553</b>	
STREET ADDRESS			4.3 STREET	1	***165.00	o015	
CITY-ST-ZIP			4.4 CITY - 5 5.1 TITLE	51-ZIP	**************************************	Change	I Addition
NAME		LJ OCIUL	5.1 THEE 5.2 NAME				
STREET ADDRESS			5.2 NAME 5.3 STREET	Andrese		PE	
WITTER ADDUCTOR			m JabinEt	MODIFICO		<b>K</b> -1	

5.4 CITY - S1 - ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

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 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 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.

DELETE