

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Apr 10 1996 8:00 am
Secretary of State

DOCUMENT # L15911 (5)

1. Corporation Name

**DRS. CLOWER, MOORE & MARUNIAK - JACKSONVILLE HEA
LTH CARE GROUP, P.A.**

Principal Place of Business

**1200 RIVERPLACE BLVD.
STE 701
JACKSONVILLE FL 32207
US**

Mailing Address

**1200 RIVERPLACE BLVD.
STE 701
JACKSONVILLE FL 32207
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**CLOWER, JAMES W.
1200 GULF LIFE DRIVE, STE 701
JACKSONVILLE FL 32207**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

09/13/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2966960

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

10. Name and Address of New Registered Agent

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, type or print name of registered agent and date of signature

(NOTE: Registered Agent signature required when agent is not a shareholder)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ DELETE
PD	CLOWER, JAMES W.	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL	
D	MOORE, WILLIAM F.	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL	
VD	MARUNIAK, DAN D.	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL	
D	JAMES, ROBERT	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL	
D	LYNAGH, WILLIAM	1200 RIVERPLACE BLVD., STE 701	JACKSONVILLE FL	
B	EARL MALLY	1200 Riverplace Blvd., STE 701	JACKSONVILLE, FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY-STATE-ZIP	☐ Change	☐ Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-STATE-ZIP	☐ Change	☐ Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-STATE-ZIP	☐ Change	☐ Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-STATE-ZIP	☐ Change	☐ Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-STATE-ZIP	☐ Change	☐ Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-STATE-ZIP	☐ Change	☒ Addition

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 119.07(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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James W. Clower

4/11/96

346 5859

CR2E034 (12/95)