5-6-97 B-6311 C

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **L15911** **(5)**

1. Corporation Name

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

Principal Place of Business	Mailing Address
1200 RIVERPLACE BLVD. STE 701 JACKSONVILLE FL 32207 US	1200 RIVERPLACE BLVD. STE 701 JACKSONVILLE FL 32207-1804 US

3. Date Incorporated or Qualified: 09/13/1989
3a. Date of Last Report: 04/10/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

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

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CLOWER, JAMES W.		1.2 NAME		
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701		1.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, WILLIAM F.		2.2 NAME		
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701		2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MARUNIAK, DAN D.		3.2 NAME	Sackett, Ellen	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701		3.3 STREET ADDRESS	1200 Riverplace Blvd. Suite 701	
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☒ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	JAMES, ROBERT		4.2 NAME	Carter, Kyle	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701		4.3 STREET ADDRESS	1200 Riverplace Blvd. Suite 701	
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	D	☒ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LYNAGH, WILLIAM		5.2 NAME	Moore, James	
STREET ADDRESS	1200 RIVERPLACE BLVD., STE 701		5.3 STREET ADDRESS	1200 Riverplace Blvd. Suite 701	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	S	☐ DELETE	6.1 TITLE	V	☐ Change ☒ Addition
NAME	MALLY, EARL		6.2 NAME		
STREET ADDRESS	1200 RIVERPLACE BLVD SUITE 701		6.3 STREET ADDRESS		
CITY-ST-ZIP	JAX FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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.

SIGNATURE: Earl S. Mally 4/28/97 (904) 858-9012