

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # L48493 (5)

1. Corporation Name

NORTH FLORIDA MEDICAL CLINIC, INC.

FILED
95 JUL 21 PM 12:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**1500 ROBERTS DR
2600 INDEPENDENT SQUARE
JACKSONVILLE FL 32250
US**

Mailing Address
**1 INDEPENDENT
STE 2600
JACKSONVILLE FL 32202
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1500 Roberts Drive

Suite, Apt. #, etc.

22

City & State
23 Jacksonville Beach, FL

ZIP
24 32250

Country

2a. Mailing Address

26 1 Independent Drive

Suite, Apt. #, etc.

27 Suite 2600

City & State
28 Jacksonville, FL

ZIP
29 32202

Country

3. Date Incorporated or Qualified

02/07/1990

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2990673

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. 198.032, Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**ROBISON, MARY A.
1 INDEPENDENT DR
STE 2600
JACKSONVILLE FL 32202**

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

Signature, typed or printed name of registered agent and title of appointment

(NOTE: Registered Agent signature required after reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DP
HOLTHAUS, KEVIN M.
207 HOPKINS ST.
NEPTUNE BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

**DST
HOLTHAUS, REGINA M.
207 HOPKINS ST.
NEPTUNE BEACH FL**

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

☐ Change ☐ Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

☐ Change ☐ Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

☐ Change ☐ Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST 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 19.07(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

Kevin M. Holthaus, President

(904) 249-7246