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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

DIVISION OF CORPORATIONS

Apr 23, 1999 8:00 am Secretary of State Katherine Harris Secretary of State

04-23-1999 90228 043 ***150.00

Principal Place of Business	SPACE	13 11 1311 1311 1311
800 LOMAX ST STE 118 JACKSONVILLE FL 32204 US 2a. Mailing Address 21 Stite Ant # etc. 800 LOMAX ST STE 118 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS 3. Date incorporated or Qualifed 08/12/1988 4. FEI Number 59-2907470		
STE 118 STE 118 DO NOT WRITE IN THIS JACKSONVILLE FL 32204 DO NOT WRITE IN THIS US 3. Date Incorporated or Qualifed 08/12/1988 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 59-2907470 21 Suite Ant # etc.		
JACKSONVILLE FL 32204 JACKSONVILLE FL 32204 DO NOT WRITE IN THIS US		
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21 26 59-2907470	1 1 7 7 1	plied For
Suite Ant # oto	No	t Applicable
Suite, Apt. #, etc. 5. Certificate of Status Desired	\$8.75 A	
27	Fee Re	quired
City & State 6. Election Campaign Financing	\$5.00	
23 Trust Fund Contribution	Added to	o Fees
Zip Country Zip Country 8. This corporation owes the current year Int	angible □Yes	□No
24 25 29 30 Personal Property Tax. 9 Name and Address of Current Registered Agent 10, Name and Address of New Registered		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name	- Agont	
HUDSON, CALVIN H., M.D.		
1820 BARRS ST., SUITE 510 82 Street Address (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32204		
84 City FL	85 Zip C	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 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 appoint		
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, mareby accept the appoint	changing its	registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	changing its intment as re	registered gistered
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14. I 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 changes or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: