

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M95394** (6)

1. Corporation Name

ESTER S. MACAM, M.D., P.A.

Principal Place of Business

**4036 BLANDING BLVD
JACKSONVILLE FL 32210**

Mailing Address

**4036 BLANDING BLVD
JACKSONVILLE FL 32210**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**KESSLER, MARK S.
421 W. CHURCH ST
JACKSONVILLE FL 32201**

81. Name

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

83

84. City

FL 85. Zip Code

3. Date Incorporated or Qualified
08/23/1988

3a. Date of Last Report
04/21/1995

4. FEI Number

59-2934322

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

SIGNATURE

Signature, type for printed name of registered agent, if applicable

(If 10. Registered Agent signature required, write signature here)

(Date)

12. OFFICERS AND DIRECTORS

12.1	NAME	D MACAM, ESTER S. M.D.	☐ DELETE
12.2	STREET ADDRESS	4036 BLANDING BLVD	
12.3	CITY-STATE-ZIP	JACKSONVILLE FL	
12.4	NAME		☐ DELETE
12.5	STREET ADDRESS		
12.6	CITY-STATE-ZIP		
12.7	NAME		☐ DELETE
12.8	STREET ADDRESS		
12.9	CITY-STATE-ZIP		
12.10	NAME		☐ DELETE
12.11	STREET ADDRESS		
12.12	CITY-STATE-ZIP		
12.13	NAME		☐ DELETE
12.14	STREET ADDRESS		
12.15	CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	NAME	☐ Change ☐ Addition
13.2	STREET ADDRESS	
13.3	CITY-STATE-ZIP	
13.4	NAME	☐ Change ☐ Addition
13.5	STREET ADDRESS	
13.6	CITY-STATE-ZIP	
13.7	NAME	☐ Change ☐ Addition
13.8	STREET ADDRESS	
13.9	CITY-STATE-ZIP	
13.10	NAME	☐ Change ☐ Addition
13.11	STREET ADDRESS	
13.12	CITY-STATE-ZIP	
13.13	NAME	☐ Change ☐ Addition
13.14	STREET ADDRESS	
13.15	CITY-STATE-ZIP	

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:

ESTER S. MACAM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ESTER S. MACAM, M.D. 4/4/96

(904) 778-9993

CR2E034 (12/95)