2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N00000005420

1. Entity Name
NORTHEAST FLORIDA MEDICAL SOCIETY, INCORPORATED

Principal Place of Business	Mailing Address
3160 WEST EDGEWOOD AVENUE JACKSONVILLE, FL 32209	POST OFFICE BOX 2270 JACKSONVILLE, FL 32202

03192004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3309555
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCINTOSH, CHARLES B M.D.
3160 WEST EDGEWOOD AVENUE
JACKSONVILLE, FL 32209

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000095977
03/25/04-80010-018 70.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CAIN, ROGERS
STREET ADDRESS	9390 LEM TURNER RD.
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	SD
NAME	MCINTOSH, CHARLES B M.D.
STREET ADDRESS	3160 WEST EDGEWOOD AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	SYKES, REGINALD M.D.
STREET ADDRESS	3160 WEST EDGEWOOD AVE., N.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	TD
NAME	JONES, KENNETH M.D.
STREET ADDRESS	1004 EDGEWOOD AVE., W.
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	DVP
NAME	THOMPSON, SHELLY H M.D.
STREET ADDRESS	3160 WEST EDGEWOOD AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	D
NAME	SMITH, REUBEN M.D.
STREET ADDRESS	4339 ROOSEVELT BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32210

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12. 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 report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 03/24/04 904 765-7724
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #