

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90387 014 ****61.25

60023363



03222006 Chg-NP CR2E037 (11/05)

4. FEI Number **56-6597275** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JONES, DONALD C
1000 RIVERSIDE AVE.
SUITE 205
JACKSONVILLE, FL 32204

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCNALLY, MARIO MD	
STREET ADDRESS	3525 PRYTANIA ST #526	
CITY-ST-ZIP	NEW ORLEANS, LA 70115	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	TRIPLE, BRUCE MD	
STREET ADDRESS	2030 CHESTNUT ST	
CITY-ST-ZIP	MONTGOMERY, AL 36106	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRIPPE, BRUCE	
STREET ADDRESS	1000 RIVERSIDE AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	M	<input type="checkbox"/> Delete
NAME	JONES, DONALD C	
STREET ADDRESS	1000 RIVERSIDE AVE. SUITE 205	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SISTRUNK, J WOODY MD	
STREET ADDRESS	1151 N STATE STREET #601	
CITY-ST-ZIP	JACKSON, MS 39202	
TITLE	PED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURSELL, ALAN L MD	
STREET ADDRESS	1514 JEFFERSON HWY	
CITY-ST-ZIP	NEW ORLEANS, LA 70121	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISE, STEVEN D MD	
STREET ADDRESS	1118 ROSS CLARK CIR #100	
CITY-ST-ZIP	DOTHAN, AL 36301	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENNIGAN, MICHAEL MD	
STREET ADDRESS	1310 14TH AVE SE	
CITY-ST-ZIP	DECATUR, AL 35601	
TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNALLY, MARIO R MD	
STREET ADDRESS	3525 PRYTANIA ST #526	
CITY-ST-ZIP	NEW ORLEANS, LA 70115	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 IKG empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald C. Jones

03/27/2006

Date

904-353-7878

Daytime Phone #