

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 05, 2006 8:00 am
Secretary of State

04-28-2006 90175 016 ****70.00

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03092006 Chg-NP CR2E037 (11/05)

4. FEI Number 20-4084661 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LBA CERTIFIED PUBLIC ACCOUNTANTS, P.A.
1301 RIVERPLACE BLVD., SUITE 2400
JACKSONVILLE, FL FL

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MUEHRCKE, DEREK M.D. 1820 BARRS STREET, SUITE 710 JACKSONVILLE, FL 32204 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FERRIS, GEORGE M.D. 201 HEALTH PARK BLVD., SUITE 105 ST. AUGUSTINE, FL 32086 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D VLAKAKES, GUS M.D. 55 FRUIT STREET, BULFINCH 119 BOSTON, MA 02114 | <input type="checkbox"/> Delete |
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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 like empowered.

SIGNATURE: D. Muehrcke
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/06

Date Daytime Phone #