



2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 21, 2008 8:00 am
Secretary of State

07-21-2008 90027 041 ****61.25

DOCUMENT # N07000012006 1. Entity Name FAMILY MEDICINE CENTER CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1820 BARRS STREET STE 734 JACKSONVILLE, FL 32204			Mailing Address 1820 BARRS STREET STE 734 JACKSONVILLE, FL 32204		
2. Principal Place of Business - No P.O. Box # 3 Shircliff Way Suite, Apt. #, etc. Ste 734 City & State Jacksonville FL Zip 32204 Country USA		3. Mailing Address 3 Shircliff Way Suite, Apt. #, etc. Ste 734 City & State Jacksonville, FL Zip 32204 Country USA			
4. FEI Number 26-1983355				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07142008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA 225 WATER STREET STE 1800 JACKSONVILLE, FL 32202			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MORTENSEN, MARGARET <input type="checkbox"/> Delete 1820 BARRS STREET STE 734 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HEEKIN, CLAIR B <input type="checkbox"/> Delete 1061 HOLMESDALE ROAD JACKSONVILLE, FL 32207		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST TRETINA, MIKE <input type="checkbox"/> Delete 1820 BARRS STREET STE 734 JACKSONVILLE, FL 32204		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Margaret Mortensen</u> Margaret Mortensen			7/16/2008 904-308-8608		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		