

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000465 (6)

1. Corporation Name

THE ENDEAVOR MEDICAL GROUP, INC.



Principal Place of Business

Mailing Address

412 S. PALMETTO AVENUE
DAYTONA BEACH FL 32114
US

P. O. BOX 10095
DAYTONA BEACH FL 32120
US

3. Date Incorporated or Qualified
11/18/1992

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **111 N. FREDERICK AVE**

26

4. FEI Number
59-3157930

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **SUITE 404**

27

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

City & State

City & State

23 **DAYTONA BEACH FL**

28

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

24 **32114**

25 **US**

Zip

Country

29

30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LENTZ, CARL
120 NORTH SENECA STREET
DAYTONA BEACH FL 32114**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP FARMER, H. FRANK MD.**
STREET ADDRESS **570 MEMORIAL CIRCLE**
CITY-ST-ZIP **ORMOND BEACH FL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV CALDWELL, JACQUES MD**
STREET ADDRESS **311 N. CLYDE MORRIS BLVD., #510**
CITY-ST-ZIP **DAYTONA BEACH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DS JONES M.D., HUGH**
STREET ADDRESS **508 THIRD AVE.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL 32168**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DT SUTTON, JAMES**
STREET ADDRESS **311 N. CLYDE MORRIS BLVD., #550**
CITY-ST-ZIP **DAYTONA BEACH FL**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. Frank Farmer, MD 4/3/96 (904) 238-1300

CR2E037 (12/95)