

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

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DOCUMENT # N93000003315 (9)

1. Corporation Name

NORTHEAST FLORIDA INDEPENDENT PRACTICE ASSOCIATI  
ON, INC.



Principal Place of Business

Mailing Address

2323 CURLEW RD.  
SUITE 7E  
PALM HARBOR FL 34683

2323 CURLEW RD.  
SUITE 7E  
PALM HARBOR FL 34683

3. Date Incorporated or Qualified

07/14/1993

3a. Date of Last Report

02/10/1995

2. Principal Place of Business

2a. Mailing Address

21 1637 KING STREET

26 1637 KING STREET

4. FEI Number

59-3194436

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

JACKSONVILLE, FLORIDA

28 City & State

JACKSONVILLE, FLORIDA

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

24 Zip

32204

25 Country

U.S.A.

29 Zip

32204

30 Country

U.S.A.

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

JACOBSON, CHARLES J  
2323 CURLEW RD.  
SUITE 7E  
PALM HARBOR FL 34683

81 Name

RAX CO.

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

c/o MAHONEY ADAMS & CRISER, P.A.

83

50 NORTH LAURA STREET, SUITE 3400

84 City

JACKSONVILLE

FL

85 Zip Code

32202

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

*HALCYON E. SKINNER*

HALCYON E. SKINNER, President of RAX CO. 4/30/96

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
SACK, TODD L. MD  
STREET ADDRESS  
1610 BARRS ST  
CITY-ST-ZIP  
JACKSONVILLE FL

1.1 TITLE ☒ Change ☐ Addition

12 NAME  
DPS  
13 STREET ADDRESS  
1820 BARRS STREET, SUITE 3300  
14 CITY-ST-ZIP  
JACKSONVILLE, FL 32204

TITLE ☒ DELETE

NAME  
SMITH, RUEBEN L. MD  
STREET ADDRESS  
1727 BLANDING BLDG SUITE 101  
CITY-ST-ZIP  
JACKSONVILLE FL

2.1 TITLE ☐ Change ☐ Addition

22 NAME  
23 STREET ADDRESS  
2.4 CITY-ST-ZIP  
\* PLEASE SEE ADDITIONS ON ATTACHED LIST

TITLE ☒ DELETE

NAME  
BARAKAT, MAURICE MD  
STREET ADDRESS  
1801 BARRS ST., #920  
CITY-ST-ZIP  
JACKSONVILLE FL 32204

3.1 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE ☒ DELETE

NAME  
JACOBSON, CHARLES  
STREET ADDRESS  
2323 CURLEY RD, #71E  
CITY-ST-ZIP  
PALM HARBOR 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:

*TODD L. SACK*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
TODD L. SACK, M.D., President

4/30/96

(904) 388-9361

Date:

Daytime Phone:

CR 5/1/96

CR2E037 (12/95)

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**NORTHEAST FLORIDA INDEPENDENT PRACTICE ASSOCIATION, INC.**  
**OFFICERS AND DIRECTORS - ADDITIONS**

D

Calhoun, Patricia, M.D.  
10337 San Jose Boulevard, #101  
Jacksonville, FL 32217

D

Campbell, William N., M.D.  
1801 Barrs Street, #300C  
Jacksonville, FL 32204

DT

Fuson, James R., M.D.  
13001-2 Atlantic Boulevard  
Jacksonville, FL 32225

D

Harkness, Charles, D.O.  
485 Blanding Boulevard  
Orange Park, FL 32073

D

Harvesf, Keikhosrow, M.D.  
2105 Park Street, #4  
Jacksonville, FL 32205

D

Jen, Taolen, M.D.  
1820 Barrs Street, #614  
Jacksonville, FL 32204

D

Kimball, Ernest R., III, M.D.  
836 Prudential Drive, #1107  
Jacksonville, FL 32207

D

Stromberg, Richard, M.D.  
1820 Prudential Drive, #713  
Jacksonville, FL 32207

D

Threlkel, Robert H., M.D.  
2121 Park Street  
Jacksonville, FL 32204