

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 16 1996 8:00 am  
Secretary of State

DOCUMENT #

1. Corporation Name

DUVAL PUBLIC HEALTH AUXILIARY, INC.

N96000000511



Principal Place of Business

HRS DUVAL COUNTY PUBLIC HEALTH UNIT  
515 WEST SIXTH STREET  
JACKSONVILLE FL 32206

Mailing Address

HRS DUVAL COUNTY PUBLIC HEALTH UNIT  
515 WEST SIXTH STREET  
JACKSONVILLE FL 32206

3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 04/27/1995
4. FEI Number 59-3194739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINDSTROM, PAULINE B  
515 WEST SIXTH STREET  
JACKSONVILLE FL 32206

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME WRIGHT, JOHN  
STREET ADDRESS 2043 W. 18TH ST.  
CITY-ST-ZIP JACKSONVILLE FL

1.2 NAME  
1.3 STREET ADDRESS 000601712430  
1.4 CITY-ST-ZIP 4/27/95 94729 48

TITLE S ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME STEVENS, KAREN  
STREET ADDRESS 515 WEST 6TH ST.  
CITY-ST-ZIP JACKSONVILLE FL

2.2 NAME  
2.3 STREET ADDRESS P 04/25 P 200.00  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME LINDSTROM, PAULINE  
STREET ADDRESS 515 W. 6TH ST.  
CITY-ST-ZIP JACKSONVILLE FL

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pauline B Lindstrom Pauline B Lindstrom

2/7/96 904-630-3228

CR2E034 (12/95)