

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 22, 2004 8:00 am
Secretary of State

01-22-2004 90001 040 ***150.00

DOCUMENT # P02000006049

1. Entity Name
JACKSONVILLE INTERNAL MEDICINE, P.A.



Principal Place of Business
**6144 GAZEBO PARK PLACE SOUTH
SUITE 102
JACKSONVILLE, FL 32257**

Mailing Address
**6144 GAZEBO PARK PLACE SOUTH
SUITE 102
JACKSONVILLE, FL 32257**

24000611



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122004

Chg-P

CR2E034 (10/03)

4. FEI Number

80-0033139

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**COHEN, DAVID ESQ.
C/O EDWARDS & COHEN, P.A.
200 NORTH LAURA STREET, 12TH FLOOR
JACKSONVILLE, FL 32202**

Name
EDCOLAW, Inc.

Street Address (P.O. Box Number is Not Acceptable)
6 East Bay Street

Suite 500

City
Jacksonville

FL 32202

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 *Laura W. Austin, Vice President*

1/16/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LEVENSON, ILENE S
9453 KELLS ROAD
JACKSONVILLE, FL 32223** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: *Ilene S. Levenson, MD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/04

Date

(904) 880-8892

Daytime Phone #