

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000038356**

1. Entity Name  
WEST JAX PRIMARY CARE, P.A.



Principal Place of Business  
7016 NORMANDY BLVD.  
JACKSONVILLE, FL 32205

Mailing Address  
7016 NORMANDY BLVD.  
JACKSONVILLE, FL 32205



04192005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 03-0416309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

AKEL, EDWARD C  
1 INDEPENDENT DRIVE  
SUITE 2301  
JACKSONVILLE, FL 32202

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	GIURATO, GERALD A
STREET ADDRESS	7016 NORMANDY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	D
NAME	SHARPE, MICHAEL V
STREET ADDRESS	7016 NORMANDY BLVD.
CITY-ST-ZIP	JACKSONVILLE, FL 32205

TITLE	
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CITY-ST-ZIP	

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1100000330819  
04/25/05-80173-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05 904-783-2405  
Date Daytime Phone #