## FILED Apr 24, 2008 8:00 am Secretary of State

2006 I	ANNUAL	REPORT	IUN

DOCUMENT # P02000038356  1. Entity Name WEST JAX PRIMARY CARE, P.A.							04-24-2008 9				
Principal Plac	e of Business		Mailing	Address			<del> </del> Էսս-				
Principal Place of Business  7016 NORMANDY BLVD.  JACKSONVILLE, FL 32205  Mailing Address  7016 NORMANDY BLVD.  JACKSONVILLE, FL 32205							CUITA 11511 UPIN USINI GENI	PAITA (NA) ING		(88) 1( 188)	
Principal Place of Business - No P.O. Box #     3. Mailing Address									# : 2		
Suite, Apt. #, etc.			Suite	Suite, Apt. #, etc.			04172008	Chg-P	CR2E03	14 (12/06)	
City & State			City &	City & State		4. FEI Number 03-041				plied For Applicable	
Zip		Country	Zip Count			ntry		of Status Desired		8.75 Add	itional
	6. Name	and Address of Current	Registered	d Agent	!		7. Name and	Address of New Re			
AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE, FL 32202					Name :Street Address (P.O. Box Number is Not Acceptable)						
JACKSON	VILLE, FL	. 32202				City	<del></del>	<u> </u>	FL	Zip Code	
8. The above	named entit	y submits this statement fo	or the purpo	ose of changing its	register	ed office or registe	ered agent, or bo	th, in the State of Flo	. –	amiliar with,	and accept
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	Signature; typed	or printed name of registered agent	and title if appli	icable. (NOT	E: Registere	ed Agent signature require	ed when reinstating)		DATE		
		FEE IS \$150.00 8 Fee will be \$550.	I	Election Campa     Trust Fund Cont			5.00 May Be ded to Fees				
10.	··	OFFICERS AND	DIRECTOR	as	11.	u	ADDITIONS,	CHANGES TO OFFI	CERS AND	DIRECTORS	S IN 11
TITLE	D			Delete	TITL	E				☐ Change	Addition
name Street address	GIURATO, GERALD A				- 1					1	
CITY-ST-ZIP						EET AODRESS '-ST-ZIP					
TITLE	D			☐ Delete	TITL	E				Change	☐ Addition
NAME		MICHAEL V			NAM	4E				ananga	
STREET ADDRESS CITY-ST-ZIP	l	RMANDY BLVD. NVILLE. FL 32205				EET ADDRESS '-ST-ZIP					
TITLE		***************************************		☐ Delete	TITL				<del></del>	☐ Change	☐ Addition
NAME		-			NAN						
STREET ADDRESS CITY-S1-ZIP						EET ADDRESS					
TITLE				☐ Delete	TITL				· · · · · · · · · · · · · · · · · · ·	☐ Change	☐ Addition
NAME					NAN					change	- Addition
STREET ADDRESS CITY-ST-ZIP						EET ADDRESS 7-ST-ZIP					
TITLE				☐ Delete	111					☐ Change	☐ Addition
NAME				L Delete	NAM					Ghange	L) Addition
STREET ADDRESS CITY - ST - ZIP					1	LET ADDRESS					
TITLE				☐ Delete	TITL	r-ST-ZIP	· · · ·	**		Characa	- Landing
NAME				☐ Delete	MAN	7 )				Change	Addition
STREET ADDRESS					/ 1/	EET ADDRESS					·
CITY-SI-ZIP	codificate as a	o information assetted to	h this fir-	done set a sitt it	∕•—	r-ST-ZIP		v minda o			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. 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 SIGNATURE OF GIRECTOR 4/22 DAY 904-783-3405											

Michael Sharpe MD.