

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000063285**

1. Entity Name  
**DUVAL COUNTY HOSPITALISTS, INC.**



Principal Place of Business

**425 NORTH LEE STREET  
SUITE 202  
JACKSONVILLE, FL 32204**

Mailing Address

**425 NORTH LEE STREET  
SUITE 202  
JACKSONVILLE, FL 32204**



04292004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**82-3547250**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$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 \_\_\_\_\_

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**

**U000000145130  
05/03/04-80012-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WOLFE, KEVIN W M.D. 425 NORTH LEE STREET #202 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLSTONE, STUART Z M.D. 1893 KINGSLEY AVE., STE. C ORANGE PARK, FL 32073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROTHSTEIN, MITCHELL S M.D. 425 NORTH LEE STREET, STE. 202 JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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 my address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Daytime Phone #)

**4-29-04**

**904/366-3738**