

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2006 8:00 am
Secretary of State

02-08-2006 90002 006 ***150.00

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1. Entity Name
ECG ASSOCIATES OF JACKSONVILLE, P.A.



Principal Place of Business
1905 Corporate Square Blvd.
Jacksonville, FL 32216

Mailing Address
6622 SOUTHPOINT DRIVE SOUTH
SUITE 495
JACKSONVILLE, FL 32216

60012921



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0750247	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVE STE 3000
MIAMI, FL 33131

**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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SCHRANK, JOEL
STREET ADDRESS	1905 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216

TITLE	D
NAME	DIORETO, SALVATORE
STREET ADDRESS	1905 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216

TITLE	D
NAME	GLOCK, RICHARD
STREET ADDRESS	1905 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216

TITLE	D
NAME	LITT, MARC
STREET ADDRESS	1905 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216

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 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 SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-1-06 398 0125