

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000117325

1. Entity Name

TRAVEL CLINIC JACKSONVILLE, INC.



Principal Place of Business

1842 HICKMAN RD
JACKSONVILLE FL 32216

Mailing Address

1842 HICKMAN RD
JACKSONVILLE FL 32216



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number
20-1483997

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

WILLIAMS, WENDELL H JR
1842 HICKMAN RD
JACKSONVILLE FL 32216

Name

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

City

FL

Zip Code

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 registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D	☐ Delete
NAME	EYE, EARL H JR	
STREET ADDRESS	1842 HICKMAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	COLEY, P ANDREW JR	
STREET ADDRESS	1842 HICKMAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	WILLIAMS, WENDELL H JR	
STREET ADDRESS	1842 HICKMAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	SCHOONOVER, GEORGE A	
STREET ADDRESS	1842 HICKMAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	PATEL, DINESH D	
STREET ADDRESS	1842 HICKMAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D	☐ Delete
NAME	GOROSPE, WILLIAM C	
STREET ADDRESS	1842 HICKMAN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32216	

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

U000000417021
02/13/06-80040-013 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Wendell H Williams Jr

26 Jan 06