

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 07, 2007 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**

DO NOT WRITE IN THIS SPACE



01222007 No Chg-P CR2E034 (11/05)

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

**WILLIAMS, WENDELL H JR
1842 HICKMAN RD
JACKSONVILLE, FL 32216**

**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, 2007 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 EYE, EARL H JR
STREET ADDRESS 1842 HICKMAN RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME COLEY, P ANDREW JR
STREET ADDRESS 1842 HICKMAN RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME WILLIAMS, WENDELL H JR
STREET ADDRESS 1842 HICKMAN RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME SCHOONOVER, GEORGE A
STREET ADDRESS 1842 HICKMAN RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME PATEL, DINESH D
STREET ADDRESS 1842 HICKMAN RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

TITLE D
NAME GOROSPE, WILLIAM C
STREET ADDRESS 1842 HICKMAN RD
CITY-ST-ZIP JACKSONVILLE, FL 32216

U000000625915
02/14/07-80094-018 150.00

**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

23 Jan 07

Date

Daytime Phone # _____