

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2006 8:00 am
Secretary of State

06-12-2006 90001 037 ***150.00

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1. Entity Name
TOWNSEND CLINIC, P.A.



Principal Place of Business
25 NORTH ST AUGUSTINE BLVD
ST AUGUSTINE, FL 32080

Mailing Address
25 NORTH ST AUGUSTINE BLVD
ST AUGUSTINE, FL 32080

for new address
40095164

2. Principal Place of Business
1301 PLANTATION ISLAND DR
Suite, Apt. #, etc.
STE. 305

3. Mailing Address
1301 PLANTATION ISLAND DR
Suite, Apt. #, etc.
STE. 305



06062006 Chg-P CR2E034 (11/05)

City & State
ST. AUGUSTINE FL
Zip
32080-3108 Country

City & State
ST. AUGUSTINE FL
Zip
32080-3108 Country

4. FEI Number
20-2205831
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 STE 2301
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$950.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOWNSEND, GERALD E 25 NORTH ST AUGUSTINE BLVD ST AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Gerald E. Townsend, M.D. 6/7/06 904-461-1901
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #

ATTACHMENT



TOWNSEND CLINIC P.A.

1301 Plantation Island Drive South Suite 305 • St. Augustine, FL 32080

June 7, 2006

40095164
P0500001128

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Ms:

Enclosed please find our check for the \$150.00 filing fee for our "2006 for Profit Corporation Annual Report"

Our CPA advises us to ask you to please waive the late penalty on this filing, as this is our first time to file these reports, and we did not start business until the middle of January 2006.

Please accept our apologies for the late filing, and we thank you for your understanding in helping us get started by waiving this late fee.

Sincerely,

Gerald E. Townsend, MD

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