

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072949

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: PHYSICIANS MEDICAL CENTERS - JAX, INC.

## Current Principal Place of Business:

2020 KINGSLEY AVE  
SUITE A/B  
ORANGE PARK, FL 32073

## New Principal Place of Business:

2020 KINGSLEY AVE  
SUITE A  
ORANGE PARK, FL 32073

## Current Mailing Address:

2020 KINGSLEY AVE  
SUITE A/B  
ORANGE PARK, FL 32073

## New Mailing Address:

2020 KINGSLEY AVE  
SUITE A  
ORANGE PARK, FL 32073

FEI Number: 77-0691235

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COHEN, LANCE P  
1723 BLANDING BLVD.  
102  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: GARVER, GORDON  
Address: 418 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: CRITZER, MICHAEL  
Address: 418 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: CRITZER, VICTORIA  
Address: 418 KINGSLEY AVE  
City-St-Zip: ORANGE PARK, FL 32073

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: GARVER, GORDON  
Address: 2020 KINGSLEY AVENUE, SUITE A  
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change ( ) Addition  
Name: CRITZER, MICHAEL  
Address: 2020 KINGSLEY AVENUE, SUITE A  
City-St-Zip: ORANGE PARK, FL 32073

Title: D (X) Change ( ) Addition  
Name: CRITZER, VICTORIA  
Address: 2020 KINGSLEY AVE, SUITE A  
City-St-Zip: ORANGE PARK, FL 32073

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL CRITZER

D

01/14/2008

Electronic Signature of Signing Officer or Director

Date