

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3: 17

DOCUMENT # P93000009409 (2)

1. Corporation Name
MONTICELLO FAMILY MEDICINE, P.A.

Principal Place of Business
1175 WEST WASHINGTON STREET
MONTICELLO FL 32344

Mailing Address
1175 WEST WASHINGTON STREET
MONTICELLO FL 32344

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/08/1993	3a. Date of Last Report 04/26/1994
4. FEI Number 59-3129693	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business		2a. Mailing Address	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22. City & State	27. City & State
23. Zip	25. Country	28. Zip	30. Country

9. Name and Address of Current Registered Agent

JAMES, THOMAS R MD
1175 WEST WASHINGTON STREET
MONTICELLO FL 32344

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
(Applicant, type or printed name of registered agent and file #, if applicable) (Applicant, type or printed name of registered agent and file #, if applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	☐ Change ☐ Addition
NAME	JAMES, THOMAS R. MD	2. NAME	
STREET ADDRESS	1175 W. WASHINGTON STREET	3. STREET ADDRESS	
CITY, ST, ZIP	MONTICELLO FL	4. CITY, ST, ZIP	
TITLE	VPT	5. TITLE	☐ Change ☐ Addition
NAME	MACKAY, JOHN	6. NAME	
STREET ADDRESS	1175 W. WASHINGTON STREET	7. STREET ADDRESS	
CITY, ST, ZIP	MONTICELLO FL	8. CITY, ST, ZIP	
TITLE		9. TITLE	☐ Change ☐ Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	☐ Change ☐ Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	☐ Change ☐ Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
TITLE		21. TITLE	☐ Change ☐ Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it fully and accurately states the facts as they exist. I further certify that the information indicated on this annual report or supplemental annual 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 registered agent empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John T Mackay* JOHN T MACKAY 2/16/95 904 997 0707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR