

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-18-2000 90016 050 ***150.00

DOCUMENT # P93000039127**1. Entity Name****SOUTH BEACHES MEDICAL, INC.****Principal Place of Business**2344 S. 3RD STREET
JACKSONVILLE BEACH FL 32250**Mailing Address**2344 S. 3RD STREET
JACKSONVILLE BEACH FL 32250-4023**2. Principal Place of Business**

2370 S 3RD STREET

Suite, Apt. #, etc.

3. Mailing Address

2370 S 3RD STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE BEACH FL

City & State

JACKSONVILLE BEACH FL

Zip
32250Country
FLORIDAZip
32250Country
FLORIDA**4. FEI Number** 59-3129831

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**BEARDSLEY, DALE A ESO
12 EAST BAY STREET
JACKSONVILLE FL 32202**7. Name and Address of New Registered Agent**Name **JOHN ONDREJICKA**

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

1750 SELVA MARINA DRIVE

City **ATLANTIC BEACH**

FL

Zip Code

32233

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2000. Fee will be \$550.00****Make Check Payable to Department of State****10. Election Campaign Financing** ☐

Trust Fund Contribution.

\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	ONDREJICKA, JOHN A	
STREET ADDRESS	2344 S. 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	

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

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/2000 524 241533