

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

DOCUMENT # P93000060671 (3)

1. Corporation Name

DIABETES AND THYROID SPECIALTY, P.A.

Principal Place of Business

3627 UNIVERSITY BLVD SOUTH
SUITE 435
JACKSONVILLE FL 32216

Mailing Address

3627 UNIVERSITY BLVD SOUTH
SUITE 435
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1993

3a. Date of Last Report

02/11/1994

4. FEI Number

59-3195608

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for intangible tax under S. 199.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

3550 UNIV. BLVD. So

Suite, Apt., etc.

206

City & State

JAX, FL

Zip

32216 DUVAL

Country

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9. Name and Address of Current Registered Agent

LE PRELL, SAMUEL L
1301 GULF LIFE DRIVE
SUITE 1500
JACKSONVILLE FL 32207

RIVERPLACE BLVD

10. Name and Address of New Registered Agent

81 Name

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

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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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTGOMERY, CHARLES T MD
STREET ADDRESS	933 GREENRIDGE ROAD
CITY - ST - ZIP	JACKSONVILLE FL 32207
TITLE	D
NAME	ROURA, MIGUEL F MD
STREET ADDRESS	8418 PAPELON WAY
CITY - ST - ZIP	JACKSONVILLE FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and the name appears in Block 12 or Block 13 if changed, or on an appointment with an address.

SIGNATURE

Charles T. Montgomery MD

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CHARLES T. MONTGOMERY MD

5/30/95

448-5500