

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000075284 (8)

1. Corporation Name

MHS PARTNERSHIP HOLDINGS MLD, INC./

GH PARTNERSHIP HOLDINGS MLD, INC.

Principal Place of Business

3627 UNIVERSITY BLVD. SOUTH
STE. 840
JACKSONVILLE FL 32216

Mailing Address

3627 UNIVERSITY BLVD. SOUTH
STE. 840
JACKSONVILLE FL 32216

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/01/1993

3a. Date of Last Report

04/28/1994

4. FEI Number

59-3232803

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. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

2b

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARD, DOUGLAS A
1301 GULF LIFE DRIVE
ROGERS, TOWERS, BAILEY, JONES & GAY
JACKSONVILLE FL 32207

81 Name

Geiger, Allan, T.

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

1301 Riverplace Blvd., Suite 1500

83

Rogers, Towers, Bailey, Jones & Gay

84

City

Jacksonville

FL

85

Zip Code

32207

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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when re-registering)

3/29/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

BROWN, J B MD

3627 UNIVERSITY DRIVE SOUTH ST. 840
JACKSONVILLE FL 32216

11 TITLE

DC

☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

CARROLL, DAVID W MD

3627 UNIVERSITY DRIVE SOUTH ST. 840
JACKSONVILLE FL 32216

21 TITLE

DP

☒ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

BAER, DOUGLAS M MD

3627 UNIVERSITY DRIVE SOUTH ST. 840
JACKSONVILLE FL 32216

31 TITLE

DSTV

☒ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

400001466674

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*****200.00 *****200.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 110.07(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 that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE:

[Signature]

(PRINT NAME AND TYPED ON PRINTED NAME OF DINING OFFICER OR DIRECTOR)

4/5/95

904-391-1205

(System 1/2/95)