

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 26 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000075286 (3)**

1. Corporation Name

MHS PARTNERSHIP HOLDINGS MLLA, INC.

GH PARTNERSHIP HOLDINGS MLLA, 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 **59-3232800** 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. 189.032, Florida Statutes Yes No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

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 DR.
ROGERS, TOWERS, BAILEY, JONES 7 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

85 Zip Code

FL 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

3/29/95
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **BROWN, J B MD**
STREET ADDRESS **3627 UNIVERSITY BLVD. SOUTH STE. 840**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

DC

Change Addition

TITLE **D**
NAME **CARROLL, DAVID W**
STREET ADDRESS **3627 UNIVERSITY BLVD. SOUTH STE. 840**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

DP

Change Addition

TITLE **D**
NAME **BAER, DOUGLAS M**
STREET ADDRESS **3627 UNIVERSITY BLVD. SOUTH STE. 840**
CITY - ST - ZIP **JACKSONVILLE FL 32216**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

DSTV

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

200001488672
-04/27/95--01054--005
***200.00 ***200.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

Change Addition

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)(b), 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 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 or changes on an attachment with an address.

SIGNATURE:

[Signature]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/5/95
DATE

904-391-1205
Telephone Number