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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 17 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000079024 (4)

CMS OF NORTHEAST FLORIDA, INC.

	c of Business	Mailing Address	Mailing Address			- I LODYTOOL HIE TULBA HIM BEHLI BALLI ABIH BEHLI IBBLB IBBLI ABIH LIDIT BIGL LOOK			
13380 EYNON R JACKSONVILLE	· • · · •	PONTE VEDRA B	145 BROKEN POTTERY LANE PONTE VEDRA BEACH FL 32082-4204						
		US				Date Incorporated or Qualified 11/04/1993		of Last F	eport
	acc of Business	2a. Mailing Addr	oss			4. FEI Number	J	A	aplied For
1		26	·			59-3126495			ot Applicable
— Suite, Apt.≢ □)	#, etc.	Suite, Apt. #,	etc.			5, Certificate of Status Desired		•	Additional equired
. 2	· · · · · · · · · · · · · · · · · · ·	City & State				O Flori's Consider Florida			<u> </u>
3		28				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip		Country		B. This corporation has liability for in			
24	25	29	30			Florida Statutes	Yes 🔲	No	
	Name and Address of Curr	ent Registered Agent		-		10. Name and Address of New Reg	istered A	gent	
	ISON, MARY A			81	Name				
ONE INDEPENDENT DRIVE				82	Street Add	lress (P.O. Box Number is Not Acceptabl	e)		
	E 2600			83					
JACK	SONVILLE FL 32202								
				84	City		FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	502 and 607,1508, Florid	a Statutes, the	above	e-named cor	poration submits this statement for the pu		hanging i	ts registered
office or re	egistered agent, or both, in the Standard accept the ob-	ate of Florida, Such char- ligations of Section 607	ge was authori 0505 Florida S	ized by	the corpora	poration submits this statement for the pution's board of directors. I hereby accep	t the appo	intrnent as	registered
SIGNATURE	The state of the s	ingitiments of, odollo, corr.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
SIGNATUR: (Signer in the companied name of registored		(NOTE: Regist	tered Age	int signature requ	ired when reinstaling)	DATE		
12.	<u> </u>	IND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFIC			
THIE	D CONTRACTOR	□ Di	ſ	1 THE	-		L	Change	Addition
NAME	SONES, MICHAEL A 145 BROKEN POTTERY LAN	E		2 NAME					
STREET ANDRESS		6			ADDRESS				
	DUNITE VEHICA MEACHE			4 City - S	1+ZIP				Addition
CITY S1-702	PONTE VEDRA BEACH FL	Пп						Change	
101.E	D	D D	LETE 2.	1 TITLE			l	Change	L_J Addition
III.E NAV*	D SONES, PATRICIA P		LETE 2.	1 TITLE 2 NAME	ACIDRESS			Change	
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III.E NAV*	D SONES, PATRICIA P		LETE 2. 2. 2. 2. 2.	1 TITLE 2 NAME				Change Change	Addition
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