

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000086735 (6)**

1. Corporation Name

INTERNAL MEDICINE GROUP OF JACKSONVILLE, INC.



Principal Place of Business

Mailing Address

1325 SAN MARCO BLVD.
SUITE 901
JACKSONVILLE FL 32207

1325 SAN MARCO BLVD.
SUITE 901
JACKSONVILLE FL 32207

3. Date Incorporated or Qualified **12/20/1993** 3a. Date of Last Report **05/01/1995**

2. Principal Office William C. Mason
21 1301 Riverplace Blvd

2a. Mailing Address William C. Mason
26 1301 Riverplace Blvd.

4. FEI Number **59-3215071** Applied For Not Applicable

Suite, Apt. #, etc

Suite, Apt. #, etc

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 Suite 1700

27 Suite 1700

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

23 Jacksonville, FL

28 Jacksonville, FL

Zip

Country

Zip

Country

24 32207

25 USA

29 32207

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH HULSEY & BUSEY
1800 FIRST UNION NATL BANK TOWER
225 WATER STREET
JACKSONVILLE FL 32202

81 Name **Harvey Granger, General Counsel**

82 Street Address (P.O. Box Number is Not Acceptable)
1301 Riverplace Blvd.

83 **Suite 1700**

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 607.0505, Florida Statutes.

SIGNATURE

Harvey Granger

Harvey Granger

7-29-96

Signature typed or printed name and address of the registered agent

(NOTE: This is a F.A.P. signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	DOOLITTLE, SANDRA O.	
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	PARRETT, DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	THOMPSON, CAROL C.	
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	L	<input type="checkbox"/> DELETE
NAME	PERRY, LINDA	
STREET ADDRESS	1325 SAN MARCO BLVD, STE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JACKSON, REBECCA B.	
STREET ADDRESS	800 PRUDENTIAL DR	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Parrett, Donald O.	
23 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
24 CITY-ST-ZIP	Jacksonville, FL 32207	
31 TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Thompson, Carol C.	
33 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
34 CITY-ST-ZIP	Jacksonville, FL 32207	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Jackson, Rebecca B.	
53 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
54 CITY-ST-ZIP	Jacksonville, FL 32207	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 617, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Rebecca B. Jackson* **Rebecca B. Jackson** 7-29-96 904/202-4001
(Typed Name) (Typed Name)

CR2E034 (3/96)