FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000009109 (7)**

1. Corporation Name

MARK B. PHILLIPS, M.D., P.A.

Principal Place of Business	Mailing Address
4640 APACHE AVE. **JACKSONVILLE FL 32210**	**4640 APACHE AVE.** **JACKSONVILLE FL 32210**

3. Date Incorporated or Qualified: **02/04/1994**	3a. Date of Last Report: **12/18/1995**
4. FEI Number: **59-3227358**	☐ 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 4545 Emerson Street	26 8153 Middle Fork Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jacksonville Fl.	City & State 28 Jacksonville Fl.
Zip 24 32207 Country 25	Zip 29 32256 Country 30

9. Name and Address of Current Registered Agent

PHILLIPS, MARK B M.D.
4640 APACHE AVE.
JACKSONVILLE FL 32210

10. Name and Address of New Registered Agent

81 Name: Mark B. Phillips M.D.
82 Street Address (P.O. Box Number is Not Acceptable): 8153 Middle Fork Way
83
84 City: Jacksonville **FL** 85 Zip Code: 32256

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 _____ DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	☐ DELETE
NAME	PHILLIPS, MARK B M.D.	
STREET ADDRESS	4640 APACHE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Mark B. Phillips, M.D.	☐ Change ☐ Addition
1.2 NAME	8153 Middle Fork Way	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	Jacksonville, Fl. 32256	
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		

CR2E034 (12/95)

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)(i), 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 with changes, deletions or attachment with an address.

SIGNATURE: Mark B. Phillips M.D. 6/17/96 904-399-2600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #