

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN 22 1411:54

100001521331
-06/23/95--01003--027
*****225.00 *****225.00
DO NOT WRITE IN THIS SPACE

1. Corporation Name
B.P. Medical of Jacksonville, INC.
DOCUMENT #
P94000010495

Mailing Address Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address
21 P.O. Box 24360
Suite, Apt. #, etc.
22
City & State
23 Jacksonville, Florida
Zip Country
24 32241-4360 25
2a. Principal Place of Business
26 1303 Grandview Drive
Suite, Apt. #, etc.
27
City & State
28 Jacksonville, Florida
Zip Country
29 32211 30

3. Date Incorporated or Qualified
2/3/94
3a. Date of Last Report
4. FEI Number
59-3224066
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
7. Nonprofit Exempt from \$138.75
Supplemental Fee ☐
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
Phillip I. Dillingham
Walker & Koegler, P.A.
4655 Salisbury Road, Suite 390
Jacksonville, Florida 32256

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE
52 NAME
53 STREET ADDRESS
54 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 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Bryan Eckard* BRYAN ECKARD X 5/8/95 X 904-724-4339
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

AS per conversation w/ Bryan Eckard on 6-21-95
LW