

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 AM 11:27

DOCUMENT # P94000010996 (4)

1. Corporation Name

MICHAEL J. DUFFY, M.D., P.A.

Principal Place of Business

836 PRUDENTIAL DRIVE
SUITE 801
JACKSONVILLE FL 32207

Mailing Address

836 PRUDENTIAL DRIVE
SUITE 801
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1994

3a. Date of Last Report
N/A

4. FEI Number
59-3223657

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

21 836 Prudential Drive

2a. Mailing Address

26 836 Prudential Drive

Suite, Apt. #, etc

22 Suite 907

Suite, Apt. #, etc

27 Suite 907

City & State

23 Jacksonville FL

City & State

28 Jacksonville FL

Zip

24 32207

Country

25 USA

Zip

29 32207

Country

30 USA

9. Name and Address of Current Registered Agent

BRANT MOORE SAPP MACDONALD & WELLS, P.A.
50 NORTH LAURA ST.
SUITE 3100
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

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

12. OFFICERS AND DIRECTORS

11 NAME
DUFFY, MICHAEL J
12 STREET ADDRESS
836 PRUDENTIAL DR., SUITE 801
13 CITY, ST, ZIP
JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
Chief Executive Officer (Change) ☒ Addition
12 NAME
CLAIRE DUFFY
13 STREET ADDRESS
836 Prudential Drive, Suite 907
14 CITY, ST, ZIP
Jacksonville FL 32207

15 TITLE

NAME

16 STREET ADDRESS

17 CITY, ST, ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

25 TITLE

26 NAME

27 STREET ADDRESS

28 CITY, ST, ZIP

18 TITLE

NAME

19 STREET ADDRESS

20 CITY, ST, ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

21 TITLE

NAME

22 STREET ADDRESS

23 CITY, ST, ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

24 TITLE

NAME

25 STREET ADDRESS

26 CITY, ST, ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

27 TITLE

NAME

28 STREET ADDRESS

29 CITY, ST, ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

30 TITLE

NAME

31 STREET ADDRESS

32 CITY, ST, ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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 in person. 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 of changes or as an addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Duffy (Director)

1/10/95 (904) 398-2666