FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014098 (5)

1. Corporate Name

REGENCY FAMILY MEDICAL/RANDY J. PROKES, M.D., P. A.

Principal Office Address
1205 MONUMENT ROAD
SUITE 204
JACKSONVILLE FL 32225

Mailing Address
1205 MONUMENT ROAD
SUITE 204
JACKSONVILLE FL 32225

3. Date Incorporated or Qualified: 02/17/1994

3a. Date of Last Report:

4. FEI Number: 59-3224889

Applied For / Not Applicable

2. Principal Place of Business
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2a. Mailing Address
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29 30

5. Certificate of Status Desired: [ ] $8.75 Additional Fee Required

6. Federal Campaign Financing Trust Fund Contribution: [ ] $5.00 May Be Added to Fees

8. Is the corporation an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

SLAGEL, SUSAN
4190 BELFORD ROAD
SUITE 240
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Not Acceptable)

83

84 City: FL 85 Zip Code

11. Having been duly sworn, I affirm that I am the person named in Section 9 above, the agent designated by the corporation named in Section 1 above for the purpose of receiving service of process and notices at the registered office designated in Section 2 above, and that I accept the appointment as registered agent for the above corporation.

SIGNATURE

12. OFFICERS AND DIRECTORS

D
PROKES, RANDY J
1205 MONUMENT ROAD
JACKSONVILLE FL 32225

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is true and accurate and that, to the extent required, the corporation has filed with the Internal Revenue Service a current Internal Revenue Service Form 990, 990-EZ, 990-PF, or 990-T, and that its tax year is consistent with the information on file with the Department of State. I further understand that false information may subject me to criminal sanctions.

SIGNATURE: Randy Prokes M.D. 4/17/95 904-727-5117

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

0018913 CP