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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

	1996	DIVISION C						
DOCUN 1. Corporation	MENT # P9	4000024475	(3)					
JARED C. KNIFFEN, M.D., P.A.					À (BÀNCA) LIB (BIL) BIÂN BANG BA)) 20 (1) 20 (1)	IEN BIÐIR DI	1 11 1806 : 1 111 103
Principal Place	of Eusiness	Mailing Address						
6605 NW 9		_						
GAINESVILL		6605 NW 9 BLVD Gainesville FL 3	2605					
					3. Date Incorporated or Qualified 03/24/1994	3a. Date o	of Last Re 5/01/1 8	,
2. Principal Piad T1	ce of Business	2a. Mailing Address			4. FEI Number			Applied For
Suite, Apt. #	etr	26 Suite, Apt. #, etc.			59-3230303			Not Applicable
2]	, G.G.	27			5. Certificate of Status Desired			Additional Required
City & State		City & State		 	6. Election Campaign Financing			May Be
3112	Country	28			Trust Fund Contribution			to Fees
	25	Z)p [29]	30 Coun	itry	8. This corporation has liability for i Florida Statutes ☐ Yes	intangible tax □ No	under s	199.032,
1	9. Name and Address of		1301		10. Name and Address of New R		gent	
				81 Name			-	
KNIFFE	N, JARED C		<u> </u>	82 Street Addi	ress (P.O. Box Number is Not Acceptab	le)		
	W 9 BLVD							
GAINES	SVILLE FL 32605		1	B3				
			-	B4 City			85 Zip	Code
11 Pursuant to	the provisions of Sections 60	17 0502 and 607 1508 Florida State	ites the above	no nomed cores	votice a shoute this statement for the nur	FL	ping its so	naintared affin
or registere	o agent, or both, in the State	ot Florida. Such change was author	ized by the co	re-named corpor proporation's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	nose of chan	ging its re egistered	egistered offici agent, Lam
or registere familiar with	o agent, or both, in the State	17.0502 and 607.1508, Florida Statu of Florida. Such change was author of, Section 607.0505, Florida Statute	ized by the co	re-named corpor propration's boa	ration submits this statement for the pur and of directors. I hereby accept the appo	nose of chan	ging its re egistered	egistered offic agent, I am
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oath; that I am an officer of director of the appears in Block 12 or But 15 owered to execute this report as required by Chapter 607, Florida Statutes; and that my name Jared C Kniffen PA

SIGNATUFIE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

President 352 333 5282

Dayburg Phone 4