

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90250 005 ***150.00

DOCUMENT # P94000055691

1. Corporation Name

MANUEL M. CHAKNIS, PH.D., P.A.

Principal Place of Business

8818 GOODBY'S EXECUTIVE DRIVE
SUITE C
JACKSONVILLE FL 32217

Mailing Address

8818 GOODBY'S EXECUTIVE DRIVE
SUITE C
JACKSONVILLE FL 32217

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/27/1994

4. FEI Number

59-3263031

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

2. Principal Place of Business

21 3617 Crown Pt Rd

2a. Mailing Address

26 3617 Crown Pt Rd

Suite, Apt. #, etc.

22 SUITE 6

Suite, Apt. #, etc.

27 SUITE 6

City & State

23 JACKSONVILLE FLA

City & State

28 JACKSONVILLE FLA

Zip

24 32257

Country

25 USA

Zip

29 32257

Country

30 USA

9. Name and Address of Current Registered Agent

CHAKNIS, MANUEL M
8818 GOODBY'S EXEC DR, STE. C
JACKSONVILLE FL 32217

10. Name and Address of New Registered Agent

81 Name

CHAKNIS, MANUEL M

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

3617 Crown Pt Rd Suite 6

83

84 City

JACKSONVILLE

FL

85 Zip Code

32257

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPT
CHAKNIS, MANUEL M
8818 GOODBY'S EXECUTIVE DR., SUITE C
JACKSONVILLE FL 32217

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

ADDITION ☒ Change ☐ Addition
3617 Crown Pt Rd Suite 6
JACKSONVILLE, FL 32257

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MANUEL M CHAKNIS 5/10/99 904-262-6767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)