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

Mailing Address

C/O DAVID A. KING, ATTORNEY 1416 KINGSLEY AVE

ORANGE PARK FL 32073-4509

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

454 BLANDING BOULEVARD

ORANGE PARK FL 32073

SUITE A



FLORIDA DEPARTMENT OF STATE

FILED

Jan 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000080056 (2)

PATRICK M. J. HUTTON, M.D., P., A.

3. Date Incorporated or Qualified 3a. Date of Last Report 11/01/1994 04/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3278029 Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State **\$5.00** May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country $Z_{\rm ID}$ Country 8. This corporation has liability for Intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name KING, DAVID A ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) 1416 KINGSLEY AVENUE 83 **ORANGE PARK FL 32073** City 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** Signature: typed or printed name of registered agent and ritle diapplicable (NOTE Registered Agent signature received when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. (96/6) ☐ DELETE Change Addition 117016 TITLE HUTTON, PATRICK M NAME 1.2 NAME 2610 HOLLY POINT RD W STREET ADDRESS 1.3 STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 1.4 CHY - S1 - 7IP DELETE Change Addition TITLE 2 1 THTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAM2 STREET ADDRESS 3.3 STREET ADORESS CITY-ST-ZIP 3.4 CITY - ST - 7IP DELETE 4.1 TITLE Change Addition NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5 % TIFLE Change Addition 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS. **6.3 STREET ADDRESS** G.4 CITY-ST-ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing does not qualify information indicated on this appute report or supplemental annual report is a lam an officer or director of the conjugation or the receiver or truster employed. nor the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ie and accurate and that my signature shall have the same legal effect as if made under oath; that ared to execute this report as required by Chapter 607, Florida Statutes; and that my name