

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P94000088124 (0)

1. Corporation Name

NORTHEAST DOCTORS FAMILY DX CLINIC, P.A.



Principal Place of Business

**4190 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32216**

Mailing Address

**4190 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32216**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

26 27

28 29

30

9. Name and Address of Current Registered Agent

**FISHER, OMA
4190 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
11/03/1994

3a. Date of Last Report
06/26/1995

4. FEI Number
59-3276547

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 type to be printed on this page. (See instructions on page 10)

NOTE: Registered Agent signature required with this report.

DATE

12. OFFICERS AND DIRECTORS

TITLE	D - C - P V	☐ DELETE
NAME	FISHER, OMA	
STREET ADDRESS	4190 BELFORT ROAD SUITE 200	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	D - P - O D	☐ DELETE
NAME	ARELIS VANDERBEEK	
STREET ADDRESS	4190 BELFORT RD SUITE 200	
CITY-ST-ZIP	JAX FL 32216	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
OMA FISHER

904.276.880.8
Day Phone

CR2E034 (12/95)