

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/03/1994

3a. Date of Last Report

03/15/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 N.E.D.S. Fam Dx Clinic PA

Suite, Apt. #, etc.

22 185 S. Lawrence Blvd

City & State

23 Keystone Hts, FL

Zip

24 32654

Country

25 U.S.A.

2a. Mailing Address

26 N.E. Drs Fam. Dx Clinic PA

Suite, Apt. #, etc.

27 P.O. Box 1520

City & State

28 Keystone Hts, FL

Zip

29 32654

Country

30 USA

9. Name and Address of Current Registered Agent

FISHER, OMA
4190 BELFORT ROAD
SUITE 200
JACKSONVILLE FL 32216

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 607.1508, 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 ☐ DELETE

NAME DCV
FISHER, OMA
STREET ADDRESS 4190 BELFORT ROAD SUITE 200
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME PD
VAN BREOA, A RELIS
STREET ADDRESS 4190 BELFORT ROAD SUITE 200
CITY - ST - ZIP JACKSONVILLE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

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 van Breda, Oma
1.3 STREET ADDRESS 185 S. Lawrence Blvd
1.4 CITY - ST - ZIP Keystone Hts, FL 32654

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME 185 S. Lawrence Blvd
2.3 STREET ADDRESS Keystone Hts, FL 32654
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME 300002247279-13
3.3 STREET ADDRESS -07/24/97--01121--013
3.4 CITY - ST - ZIP ****165.00 ****165.00

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 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 recipient of the fee 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

OMA VAN BREDA

7-17-97

(352) 173-9111

APPROVED
AND
FILED

97 JUL 22 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)