

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

FILED
May 08 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **P94000091853 (9)**

1. Corporation Name

OCEAN ACUTE AND FAMILY MEDICINE, P.A.

Principal Place of Business

Mailing Address

**320 THIRD ST
SUITE 8
NEPTUNE BEACH FL 32266**

**P. O. BOX 15309
ATTN: TAX DEPT.
DURHAM NC 27704
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/20/1994

4. FEI Number

59-3285779

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

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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 | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | WHITAKER, GARY M | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | FRALICKER, DALE R MD | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | HASS, S E MD | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | SD | <input checked="" type="checkbox"/> DELETE |
| NAME | NORENBURG, ERIC J | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | BUTTERWORTH, SANDRA | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP | DURHAM NC | |
| TITLE | AT | <input checked="" type="checkbox"/> DELETE |
| NAME | BRANN, L K | |
| STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| CITY-ST-ZIP | DURHAM NC | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BAKER, RICHARD B. III | |
| 1.3 STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| 1.4 CITY-ST-ZIP | DURHAM, NC 27705 | |
| 2.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | SCOTT, STEPHEN M. M.D. | |
| 2.3 STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| 2.4 CITY-ST-ZIP | DURHAM, NC 27705 | |
| 3.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | FUELLING, RICHARD A. | |
| 3.3 STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| 3.4 CITY-ST-ZIP | DURHAM, NC 27705 | |
| 4.1 TITLE | ST | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | FRITSCH, KERRI M. | |
| 4.3 STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| 4.4 CITY-ST-ZIP | DURHAM, NC 27705 | |
| 5.1 TITLE | AS | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | PETREA, JOAN R. | |
| 5.3 STREET ADDRESS | 2828 CROASDAILE DRIVE | |
| 5.4 CITY-ST-ZIP | DURHAM, NC 27705 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE

Joan R. Petrea **JOAN R. PETREA**

12-28-98

010 382 0255

CP2E034 (10/97)