PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000008579

1. Corporation Name

BODY PARTS OF AMERICA-JACKSONVILLE INC.

Principal Place of Business 500 ACL ROAD LAKE CITY FL 32085 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/30/1995 2. Principal Place of Business 2a. Mailing Address 2for Suite, Apt. #, etc. 2for Suite, Apt. #, etc. 2for City & State 2for Country Zip Country Mailing Address DO NOT WRITE IN THIS SPACE Applied For Not Applied For Solite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Fee Required Applied For Not Applicable Solite, Apt. #, etc. 5. Certificate of Status Desired Fee Required Fee Required Trust Fund Contribution Address Added to Fees Zip Country Zip Country Applied For Not Applicable Solite, Apt. #, etc. 5. Certificate of Status Desired Added to Fees Trust Fund Contribution Address Added to Fees	DODIT	AITO OF AMERICA GAON							
DO NOT WRITE IN THIS SPACE Do NOT WRITE IN THIS SPACE	Principal Plac	e of Business	Mailing Address			I (Mail Whi it is the same and it		61 10101 01111	
3. Date Incorporated or Qualified O1/30/1995 2. Principal Place of Business						DO NOT MENT	IN TUIC C	DACE.	
2. Principal Place of Business							- 11133	FAUL	
2. Principal Place of Business						· '			
Suits, Apt. #, etc. Suits, Ap	O Dringing D	None of Dunings	2a Mailing Address					I An	olied For
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Status Desired \$8.75 Additional Fee Required \$5. Certificate of Status Desired \$5.00 May Be City & State \$7.00 May Be Country \$7.00 May Be Addition \$7.00 May Be Addition	—	lace of business	 						
Second Status Desired Fee Required Fee Required Second		# etc							
CITY FL 3025 279 Country Zip Country Address of Current Registered Agent Zip Country Registered Agent Registered Registered Agent Registered Registered Agent Registered		., 5.5.				5. Certificate of Status Desired	ш	Fee Re	quired
28		te				6. Election Campaign Financing		\$5.00	May Be
Zip			28	28		Trust Fund Contribution	Ц	Added	to Fees
9. Name and Address of Current Registered Agent COLEMAN, ALLEN D 500 ACL RD LAKE CITY FL 32025 82 Sirest Address (P.O. Box Number is Not Acceptable) 83 City FL 65 Zip Code 41. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the ehove-named corporation submits this statement for the purpose of changing its registered agent. In a finding with, and accept the obligations of, Section 607 0505 Control Statutes. SIGNATURE Signature, liquidad remain of implantant agent and the # approximate floridad agent to the purpose of Changing its registered agent. In a finding with, and accept the obligations of, Section 607 0505 Floridad Statutes. SIGNATURE Signature, liquidad remain of implantant agent and the # approximate floridad accept the obligations of, Section 607 0505 Floridad Statutes. SIGNATURE Signature, liquidad remain of implantant agent and the # approximate floridad agent. In the State of Floridad Statutes. SIGNATURE Signature, liquidad remain of implantant agent and the # approximate floridad agent. In the State of Floridad Statutes. SIGNATURE Signature, liquidad remain of implantant agent and the # approximate floridad agent. In the State of Floridad Statutes. SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. NAME 22. NAME 22. NAME 23. SIRRET ADDRESS 24. CITY FL 32025 13. SIRRET ADDRESS 24. CITY FL 32025 14. CITY FL 32025 15. TITLE Change Change Addition 25. NAME 27. NAME 28. SIRRET ADDRESS 24. CITY FL 32025 15. TITLE Change Change Addition 25. NAME 25.	Zip			 1		1	-		
COLEMAN, ALLEN D 500 ACL RD LAKE CITY FL 32025 B2 Street Address (P.O. Box Number is Not Acceptable)	24 320	25 25		30					LJNo
COLEMAN, ALLEN D 500 ACL RD LAKE CITY FL 32025 82 Street Address (P.O. Box Number is Not Acceptable) 83 Zip Code 84 City FL 85 Zip Code 94. Pursuant to the provisions of Sections 607 0502 and 607 1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and familiar with, and accept the obligations of, Section 607,005. Plonds Statutes. SIGNATURE Spullum, toped or prised registered agent and title if approache. (NOTE Registered Agent agent tam familiar with, and accept the obligations of, Section 607,005. Plonds Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 12. NAME 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 12. NAME 13. STREET ADDRESS OTY-ST-2P 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME 22. NAME 22. NAME 23. STREET ADDRESS CITY-ST-2P 13. STREET ADDRESS CITY-ST-2P 14. Change 15. TITLE 15.		9. Name and Address of Cur	rent Registered Agent	91	Nome	10. Name and Address of New Re	gisterea A	gent	
SOO ACL RD LAKE CITY FL 32025 83 84 City FL 85 Zip Code FL 85 Siphilar Notices for registered agent, or both, in the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent, an armitar with, and accept the objigations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, an armitar with, and accept the objigations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, an armitar with, and accept the objigations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, an armitar with, and accept the objigations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, an armitar with, and accept the objigations of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, an armitar with, and accept the objigation of, Section 607,0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept the approximent as registered agent, an armitar with, and accept the objigation of the proposation of the proposation of directors. I hereby accept the approximent as registered agent, an artificial statutes, the acceptance of the corporation is board of directors. I hereby accept the approximent as registered agent, an artificial statutes, the acceptance of the corporation is board of directors. I hereby accept the approximent as registered agent, and accept the corporation is board of directors. I hereby accept the approximent as registered agent, and accept the corporation is board of directors. I hereby accept the approximent as registered agent, and accept the corporation is board of direc	COL	ENSANI ALLENI D		*'	Manne				
LAKE CITY FL 32025 88 84 City FL 85 87 88 88 88 88 88 88 88 88			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)			
SIGNATURE ADDITIONS/CHANGES Solitions Solition				83					
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, and familiar with, and accept the chigations of, Section 607.1508, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS IN 12 TITLE OFFICERS AND DIRECTORS IN 12 TITLE PSTD COLEMAN, ALLEN D 12. NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZP TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE DELETE 1.1 TITLE COLEMAN, ALLEN D STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE Change Addition Ad	LAN	E CITT TE 32023		63		<u></u> _			
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 agent, or both, in the State of Florida, Such change was eathorized by the corporation's board of director's, I hereby accept the appointment as registered agent, and accept the obligations of, section 607.0502, Florida Statutes. SIGNATURE				84	City		FI	85 Zip	Code
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO CFFICERS AND DIRECTORS IN 12	office or r agent. I a	registered agent, or both, in the Sta am familiar with, and accept the obl	ate of Florida. Such change was au ligations of, Section 607.0505, Flori	thorized by t da Statutes.	ine corporati	on's board of directors. I hereby accept	пе арропт	ment as re	gistered
DELETE	12		· · · · · · · · · · · · · · · · · · ·		agnotoro roquire		CERS AND	DIRECTO	ORS IN 12
NAME STREET ADDRESS SOA ACL ROAD 12 NAME 13 STREET ADDRESS 14 CTTY-ST-ZP LAKE CITY FL 32025 14 CTTY-ST-ZP 14 CTTY-ST-ZP 14 CTTY-ST-ZP 14 CTTY-ST-ZP 15		, 							
STREET ADDRESS SOO ACL ROAD 1.3 STREET ADDRESS 1.4 CITY_ST_ZIP		1		1.2 NAME	1				
LAKE CITY FL 32025 14 CITY-ST-ZIP				1.3 STREET	ADDRESS				
TITLE				1,4 CITY-ST-ZIP					<u>.</u>
STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.4 CITY-ST-ZIP 3.4 CITY-S			☐ DELETE	2.1 TITLE				Change	☐ Addition
CITY-ST-ZIP	NAME			2.2 NAME					
TITLE	STREET ADDRESS	s		2.3 STREET	ADDRESS				
NAME	CITY-ST-ZIP			2. 4 CITY-S	T-ZIP				
STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME Change Addition	TITLE		☐ DELETE 3.				÷	Change	Addition
CITY-ST-ZIP	NAME	1		3.2 NAME					
TITLE DELETE 4.1 TITLE Change Addition NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP Change Addition TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME CASTREET ADDRESS CASTREET ADDRESS	STREET ADDRESS	;		3.3 STREET	ADDRESS				
NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.1 TITLE S.2 NAME S.3 STREET ADDRESS CITY-ST-ZIP TITLE DELETE S.4 CITY-ST-ZIP TITLE DELETE S.6 TITLE S.7 NAME S.8 NAME S.8 NAME S.8 NAME S.9 NAME S.9 NAME S.9 NAME	CITY-ST-ZIP	•	17105,575		T- ZIP			Change	Addition
STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			_					C Onange	
CITY-ST-ZIP 44 CITY-ST-ZIP TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE NAME 82 NAME 6.3 STREET ADDRESS CASSTREET ADDRESS									
TITLE DELETE \$1.1TTLE Change Addition NAME \$2.NAME \$3.3TREET ADDRESS \$3.3TREET ADDRESS \$4.CITY-ST-ZIP \$4.CITY-ST-ZIP TITLE Change Addition NAME \$2.NAME \$2.NAME \$4.CITY-ST-ZIP		8							
NAME		"			-ZIP			☐ Change	☐ Addition
STREET ADDRESS			□ DECE IE						
5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition Addi					ADDRESS				
TITLE G.1 TITLE G.1 TITLE G.2 NAME NAME 6.1 TITLE 6.2 NAME 6.3 NAME 6.3 STREET ADDRESS									
NAME			□ DELETF					Change	☐ Addition
NAME			<u> </u>	6.2 NAME					
	J			6.3 STREET	ADDRESS				

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, the all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90098 024 ***150.00