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Mar 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000020380 (8)

1. Corporation Name
JEFFREY L. PRESSER, M.D., P.A.



Principal Place of Business

1320 US HWY ONE
#105
JUNO BEACH FL 33418
US

Mailing Address

3986 BLVD CENTER DR
#106
JACKSONVILLE FL 32207-2621
US

2. Principal Place of Business

21 13205 U.S. HIGHWAY ONE
Suite, Apt. #, etc.

22 SUITE 105
City & State

23 JUNO BEACH FL
Zip Country

24 33408 25 US

2a. Mailing Address

26 4417 Beach Boulevard
Suite, Apt. #, etc.

27 Suite 310
City & State

28 Jacksonville, FL
Zip Country

29 32207 30 Duval

3. Date Incorporated or Qualified

03/13/1995

3a. Date of Last Report

04/23/1996

4. FEI Number

65-0563102

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

9. Name and Address of Current Registered Agent

PRESSER, EDWIN
3986 BLVD CENTER DRIVE #106
SUITE 205
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

Presser, Edwin (No Change)

82

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

4417 Beach Boulevard

83

Suite 310

84

City
Jacksonville

FL

85

Zip Code
32207

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

Edwin Presser

Edwin Presser

1/1/97

Signature type for printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
PST
PRESSER, JEFFREY L
STREET ADDRESS
13205 US HWY ONE
CITY, ST, ZIP
JUNO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE ☐ DELETE

NAME
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CITY, ST, ZIP

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CITY, ST, ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PST
PRESSER, JEFFREY L.
13205 US HWY ONE, SUITE 105
JUNO BEACH FL 33408

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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 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:

Jeffrey L. Presser, PRESIDENT JEFFREY L. PRESSER M.D. P.A. 2/20/97
(561) 691-0100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0031484

CR2E034 (9/96)