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**May 06 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 # P95000026301 (8)

1. Corporation Name
COMPREHENSIVE OUTPATIENT SERVICES OF JACKSONVILLE, INC.



Principal Place of Business
**1443 SAN MARCO BLVD.
2ND FLOOR, SAN MARCO MEDICAL OFFICE
JACKSONVILLE FL 32207**

Mailing Address
**1443 SAN MARCO BLVD.
2ND FLOOR, SAN MARCO MEDICAL OFFICE
JACKSONVILLE FL 32207-8535**

3. Date Incorporated or Qualified
04/03/1995

3a. Date of Last Report
04/17/1996

4. FEI Number
59-3304945

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

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

24. Country

25. Country

29. Country

30. Country

9. Name and Address of Current Registered Agent
**SOUTHARD, ROBERT C JR.
1443 SAN MARCO BLVD.
2ND FLOOR, SAN MARCO MEDICAL OFFICE
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: **SOUTHARD, ROBERT C JR.**

STREET ADDRESS: **5100 SPOTSYLVANIA DR.**

CITY-ST-ZIP: **BATON ROUGE LA 70817**

TITLE DELETE

NAME: **SOUTHARD, JUDY M**

STREET ADDRESS: **5100 SPOTSYLVANIA DR.**

CITY-ST-ZIP: **BATON ROUGE LA 70817**

TITLE DELETE

NAME: **SOUTHARD, KEVIN J**

STREET ADDRESS: **154749 SPRINGWOOD DR.**

CITY-ST-ZIP: **BATON ROUGE LA 70817**

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: **6818 Madrid Avenue**

1.4 CITY-ST-ZIP: **Jacksonville, FL 32217**

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS: **6818 Madrid Avenue**

2.4 CITY-ST-ZIP: **Jacksonville, FL 32217**

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: **100002178791**

5.3 STREET ADDRESS: **-05/14/97--01104--024**

5.4 CITY-ST-ZIP: *****165.00**

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 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: Robert C Southard Jr Pres **4/25/97 (904) 396-2888**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone: _____

CR2E034 (9/96)