

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90053 043 ***150.00

40021358



01072005 Chg-P CR2E034 (10/03)

4. FEI Number **59-3359111** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BYERS, JOHN R
225 WATER STREET STE 1400
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	SHAPIRO, DAVID M. M.D.	
STREET ADDRESS	5810 N MONROE ST., STE 400 #304	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	DPCE	<input type="checkbox"/> Delete
NAME	BYERS, JOHN R	
STREET ADDRESS	225 WATER STREET, STE. 1400	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAGBY, RICHARD J M.D.	
STREET ADDRESS	4138 SHORECREST ROAD	
CITY-ST-ZIP	ORLANDO, FL 32804	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARVEY, PAMELA D	
STREET ADDRESS	225 WATER STREET, STE. 1400	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	SVPS	<input type="checkbox"/> Delete
NAME	COWN, ROBERTA G	
STREET ADDRESS	225 WATER STREET, STE. 1400	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	
TITLE	AS	<input type="checkbox"/> Delete
NAME	PARKS, PEGGY A	
STREET ADDRESS	225 WATER STREET, STE. 1400	
CITY-ST-ZIP	JACKSONVILLE, FL 32202	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Divita, Charles III	
STREET ADDRESS	225 Water Street, Suite 1400	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thackery, Becky	
STREET ADDRESS	225 Water Street, Suite 1400	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE	AVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tripp, Pamela E.	
STREET ADDRESS	225 Water Street, Suite 1400	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Peggy A. Parks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peggy A. Parks

Date

(904) 354-2482

Daytime Phone Ext. 3287

ATTACHMENT

CONTINUATION OF NUMBERS 10 AND 11

40021358
#P96000013117

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Title	D	Title	<input checked="" type="checkbox"/> Change
Name	Anderson, John K. Jr.	Name	
St. Address	1776 American Heritage Life Dr.	St. Address	135 Professional Drive, Suite 106
City-ST-Zip	Jacksonville, FL 32224	City-ST-Zip	Ponte Vedra Beach, FL 32082
Title	D		
Name	Baratta, Robert O., M.D.		
St. Address	31 S.E. Harbor Point Drive		
City-ST-Zip	Stuart, FL 34996		
Title	D <input checked="" type="checkbox"/> Delete		
Name	Bridges, James W., M.D.		
St. Address	8935 N.E. 10 th Avenue		
City-ST-Zip	Miami, FL 33138		
Title	D		
Name	Harden, M.C. III		
St. Address	806 Riverside Avenue		
City-ST-Zip	Jacksonville, FL 32204		
Title	D		
Name	Kirschner, Kenneth M.		
St. Address	300A Wharfside Way		
City-ST-Zip	Jacksonville, FL 32207		
Title	D		
Name	McCoy, Terence P., M.D.		
St. Address	2412 West Plaza Drive		
City-ST-Zip	Tallahassee, FL 32308		
Title	D		
Name	Rich, John G.		
St. Address	111 Broadway, Suite 1303		
City-ST-Zip	New York, NY 10006		
Title	D		
Name	Ruffier, Joan D.		
St. Address	722 Alba Drive		
City-ST-Zip	Orlando, FL 32804		
Title	D		
Name	Selander, Guy T., M.D.		
St. Address	1731 University Boulevard South		
City-ST-Zip	Jacksonville, FL 32216		
Title	D		
Name	White, James G., M.D.		
St. Address	1688 W. Granada Blvd., Suite 2B		
City-ST-Zip	Ormond Beach, FL 32174		
Title	SVP		
Name	Dallero, Gary M.		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		
Title	EVP, CFO		
Name	Thorpe, Kim D.		
St. Address	225 Water Street, Suite 1400		
City-ST-Zip	Jacksonville, FL 32202		