

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000057991
1. Corporation Name

Oceanway Family Practice Center, Inc.

Principal Place of Business

Mailing Address

11513 North Main Street
Jacksonville, FL 32218

FILED

97 MAY 19 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 7/10/96		3a. Date of Last Report None Filed	
21		26		4. FEI Number 59-3423975		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
23		28					
Zip	Country	Zip	Country				
24		29					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Victor C. Micolucci, M.D.
11513 North Main Street
Jacksonville, FL 32218

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/P/T	11 TITLE	☐ Change ☐ Addition
NAME	Micolucci, Jeanne B.	12 NAME	
STREET ADDRESS	11513 North Main Street	13 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32218	14 CITY-ST-ZIP	
TITLE	D/S	21 TITLE	☐ Change ☐ Addition
NAME	Bateh, Ricky P.	22 NAME	
STREET ADDRESS	11513 North Main Street	23 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32218	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	Micolucci, Victor Charles, M.D.	32 NAME	
STREET ADDRESS	11513 North Main Street	33 STREET ADDRESS	
CITY-ST-ZIP	Jacksonville, FL 32218	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

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-05/20/97-01017-023
*****550.00 *****550.00

965-19-97