2007 FOR PROFIT CORPORATION ANNUAL REPORT

07-23-2007 90035041 ***150.00
P96000072114

FILED
07 OCT 26 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000072114

1. Entity Name
MERRILL FAMILY HEALTH CARE, P.A.

Principal Place of Business
1201 MONUMENT ROAD
SUITE 201B
JACKSONVILLE, FL 32225 US

Mailing Address
1201 MONUMENT ROAD
SUITE 201B
JACKSONVILLE, FL 32225 US

07162007 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-3396691
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARABALLO, MARITZA
1201 MONUMENT RD., SUITE 201 B
JACKSONVILLE, FL 32225

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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 $550.00
Due by September 14, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARABALLO, ULISES M MD
STREET ADDRESS	1201 MONUMENT RD SUITE 201B
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SECR
NAME	CARABALLO, MARITZA
STREET ADDRESS	1201 MONUMENT RD. SUITE 201B
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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10/30/07--01025--025 **400.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 7-19-07 904-727-5151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 10/26