

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90166 028 ***150.00

DOCUMENT # P96000101850

1. Corporation Name

The Maritime Management Group, Inc.

Principal Place of Business

2000 Corporate Sq. Blvd.
Jacksonville, FL 32216

Mailing Address

2000 Corporate Sq.
Jacksonville, FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

December 17, 1996

4. FEI Number
59-3422712

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 P.O. Box 17775

27 Suite, Apt. #, etc.

28 Jacksonville, FL

29 32245-7775 30

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hayes Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME Donald S. Freedman, M.D.
STREET ADDRESS 8006 Oak Hammock Court
CITY-ST-ZIP Jacksonville, FL 32256

TITLE D ☐ DELETE
NAME Roy D. Griffin
STREET ADDRESS 837 Acapulco Road
CITY-ST-ZIP Jacksonville, FL 32216

TITLE D/P ☐ DELETE
NAME Lowell D. Harmon
STREET ADDRESS 2000 Corporate Sq. Blvd.
CITY-ST-ZIP Jacksonville, FL 32216

TITLE D ☐ DELETE
NAME Robert R. Lee
STREET ADDRESS 2000 Corporate Sq. Blvd.
CITY-ST-ZIP Jacksonville, FL 32216

TITLE D/VP ☐ DELETE
NAME An End McQuig
STREET ADDRESS 2741 Racetrack Road
CITY-ST-ZIP St. Augustine, FL 32095

TITLE D ☐ DELETE
NAME James H. Meade, Jr.
STREET ADDRESS 230 Coquina Ave.
CITY-ST-ZIP St. Augustine, FL 32095

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D/VP ☐ Change ☐ Addition
1.2 NAME John M. Van Brocklin, M.D.
1.3 STREET ADDRESS 2000 Corporate Square Blvd.
1.4 CITY-ST-ZIP Jacksonville, FL 32216

2.1 TITLE D ☐ Change ☐ Addition
2.2 NAME Mitchell Kinsey
2.3 STREET ADDRESS 2000 Corporate Sq. Blvd.
2.4 CITY-ST-ZIP Jacksonville, FL 32216

3.1 TITLE S/T/D ☐ Change ☐ Addition
3.2 NAME Linda L. Harmon
3.3 STREET ADDRESS 2000 Corporate Square Blvd.
3.4 CITY-ST-ZIP Jacksonville, FL 32216

4.1 TITLE AS/AT ☐ Change ☐ Addition
4.2 NAME Leslie Kritzman
4.3 STREET ADDRESS 2000 Corporate Sq. Blvd.
4.4 CITY-ST-ZIP Jacksonville, FL 32216

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Leslie G. Kritzman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie G. Kritzman

4/26/99

904-724-2864