

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 027 \*\*\*150.00

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Corporation Name

The Maritime Group of Jacksonville, Inc.

Principal Place of Business  
2000 Corporate Square Blvd.  
Jacksonville, FL 32216

Mailing Address  
2000 Corporate Square Blvd.  
Jacksonville, FL 32216

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
December 17, 1996

Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
Suite, Apt. #, etc.	26 P.O. Box 17775	59-3422712	Not Applicable
City & State	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	28 Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Country	29 32245-7775	8. This corporation owes the current year intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hayes Street  
Tallahassee, FL 32301

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reissuing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/VP	1.1 TITLE	D
NAME	Donald S. Freedman, M.D.	1.2 NAME	John M. Van Brocklin, M.D.
STREET ADDRESS	8006 Oak Hammock Court	1.3 STREET ADDRESS	2000 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32256	1.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	2.1 TITLE	D
NAME	Roy Griffin	2.2 NAME	Mitchell Kinsey
STREET ADDRESS	837 Acapulco Road	2.3 STREET ADDRESS	2000 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216	2.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D/VP	3.1 TITLE	S/T/D
NAME	Lowell D. Harmon	3.2 NAME	Linda Harmon
STREET ADDRESS	2000 Corporate Square Blvd.	3.3 STREET ADDRESS	2000 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216	3.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	4.1 TITLE	AS/AT
NAME	Robert R. Lee	4.2 NAME	Leslie Kritzman
STREET ADDRESS	2000 Corporate Square Blvd.	4.3 STREET ADDRESS	2000 Corporate Square Blvd.
CITY-ST-ZIP	Jacksonville, FL 32216	4.4 CITY-ST-ZIP	Jacksonville, FL 32216
TITLE	D	5.1 TITLE	
NAME	An End McQuig	5.2 NAME	
STREET ADDRESS	2741 Racetrack Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Sr. Augustine, FL 32084	5.4 CITY-ST-ZIP	
TITLE	D/VP	6.1 TITLE	
NAME	James H. Meade, JR.	6.2 NAME	
STREET ADDRESS	230 Coquina Ave.	6.3 STREET ADDRESS	
CITY-ST-ZIP	St. Augustine, FL 32084	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*

Leslie G. Kritzman

4-26-99

904-724-2864