


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000033008</b> 1. Entity Name <b>NORTH FLORIDA CENTER FOR PREVENTIVE MEDICINE, P.A.</b>	
---	---

Principal Place of Business <b>10601 SAN JOSE BLVD 15 JACKSONVILLE, FL 32257 US</b>	Mailing Address <b>10601 SAN JOSE BLVD SUITE 15 JACKSONVILLE, FL 32257 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



01272005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-3433265</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TOLSON, JOHN F JR  
462 KINGSLEY AVE., STE 101  
ORANGE PARK, FL 32073**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U000000221942 02/09/05-80052-012 150.00</b>
---	---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP KALAM, JOHN 1787 LONG SLOUGH WALK ORANGE PARK, FL 32073</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **JOHN KALAM** 2/7/05 (904) 2685590  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #