

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # P97000033008

1. Entity Name

NORTH FLORIDA CENTER FOR PREVENTIVE MEDICINE,  
P.A.



FILED

06 FEB 17 PM 5:18

SECURITY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
10601 SAN JOSE BLVD  
15  
JACKSONVILLE FL 32257  
US

Mailing Address  
10601 SAN JOSE BLVD  
SUITE 15  
JACKSONVILLE FL 32257  
US

2. Principal Place of Business

14546 SAINT AUGUSTINE Rd.

3. Mailing Address

14546 SAINT AUGUSTINE Rd.

Suite, Apt. #, etc.

SUITE 211

Suite, Apt. #, etc.

SUITE 211

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32258

DUVAL

Zip

32258

Country

DUVAL

1st MOORE CR2E034 (10/05)

4. FEI Number

59-3433265

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 restating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.   Added to Fees

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Delete

TITLE DP  
NAME KALAM, JOHN  
STREET ADDRESS 14546 SAINT AUGUSTINE Rd., SUITE 211  
CITY-ST-ZIP JACKSONVILLE, FL 32258

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
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CITY-ST-ZIP

Change

Addition

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CITY-ST-ZIP

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

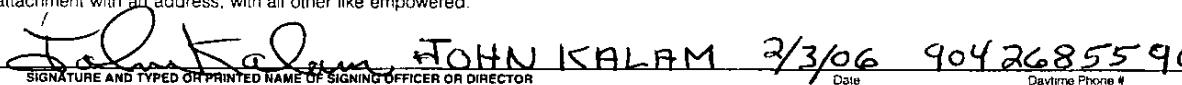
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

  
JOHN KALAM 2/3/06 904 268 5590

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #