

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

SECRETARY 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

Country

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 reinstating)

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☒ Change ☐ Addition
NAME KALAM, JOHN
STREET ADDRESS 14546 SAINT AUGUSTINE RD, SUITE 211
CITY-ST-ZIP JACKSONVILLE, FL 32258

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN KALAM 2/3/06 9042685590

Date

Daytime Phone #