

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthore  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 10 1998 8:00am  
Secretary of State

DOCUMENT # P97000055729 (2)

1. Corporation Name

LOOSE ASSOCIATES, INC.



Principal Place of Business

1370 13TH AVENUE SOUTH, SUITE 214  
JACKSONVILLE BEACH FL 32250

Mailing Address

1370 13TH AVENUE SOUTH, SUITE 214  
JACKSONVILLE BEACH FL 32250

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1997

4. FEI Number

59-3453458081912

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 482 Jacksonville Dr.

Suite, Apt. #, etc.

22 Jacksonville Beach, FL.

City & State

23

Zip

24 32250

Country

25 USA

2a. Mailing Address

26 482 Jacksonville Dr.

Suite, Apt. #, etc.

27 Jacksonville Beach, FL.

City & State

28

Zip

29 32250

Country

30 USA

9. Name and Address of Current Registered Agent

FLETCHER, JAMES M  
1370 13TH AVENUE SOUTH  
JACKSONVILLE BEACH FL 32250

10. Name and Address of New Registered Agent

81 Name

Ronnie Burak

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

482 Jacksonville Dr.

83 Jacksonville Beach

84 City

FL

85 Zip Code

32250

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 Ronnie Burak

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/9/98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D  
NAME BOSWELL, KELLY M  
STREET ADDRESS 1370 13TH AVENUE SOUTH, SUITE 214  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

D  
NAME BURAK, CARL S  
STREET ADDRESS 1370 13TH AVENUE SOUTH, SUITE 214  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

D  
NAME BURAK, RONNIE L  
STREET ADDRESS 1370 13TH AVENUE SOUTH, SUITE 214  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

D  
NAME FLETCHER, JAMES M  
STREET ADDRESS 1370 13TH AVENUE SOUTH, SUITE 214  
CITY-ST-ZIP JACKSONVILLE BEACH FL 32250

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 482 Jacksonville Dr.

1.4 CITY-ST-ZIP Jacksonville Beach, FL. 32250

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS Same as above

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS Same as above

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS Same as above

4.4 CITY-ST-ZIP

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

100002612791

-08/11/98--01045--022

\*\*\*150.00

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.

SIGNATURE: [Signature]

7/9/98

CR2E034 (5/98)

②

**CARL S. BURAK, M.D., J.D.**  
**AND**  
**JULIA L. WEBER, RNCS, ARNP, MSN**

482 JACKSONVILLE DRIVE  
JACKSONVILLE BEACH, FL 32250  
(904) 247-3600  
FAX (904) 247-4926

July 8, 1998

Sandra B. Mortham  
Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Ms. Mortham,

Enclosed please find a check for \$150.00 for our corporation Annual Report. We became aware only this week that the original notice was sent to an incorrect address which has just been remedied. In our conversation today with your office, we were advised to send \$150.00 immediately with this letter explaining the circumstances.

The correct address for Loose Associates, Inc. is 482 Jacksonville Drive, Jacksonville Beach, FL 32250.

I very much appreciate your attention to this and would be happy to provide any further information or answer any questions which you may have.

Sincerely,



Carl S. Burak, M.D.  
President, Loose Associates, Inc.

CSB/pkl