


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 07, 1999 8:00 am
Secretary of State

05-07-1999 90076 026 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|---|--|--|--|
| DOCUMENT # P97000081623 | | | |
| 1. Corporation Name JACKSONVILLE HEALTHCARE PARTNERSHIP, INC. | | | |
| Principal Place of Business 1200 RIVERPLACE BLVD SUITE 701 JACKSONVILLE FL 32207 | | Mailing Address 1200 RIVERPLACE BLVD SUITE 701 JACKSONVILLE FL 32207 | |
| 2. Principal Place of Business 21 1200 Riverplace Blvd Suite, Apt. #, etc. 22 301 City & State 23 Jacksonville, FL Zip 24 32207 Country 25 US | | 2a. Mailing Address 26 1200 Riverplace Blvd. Suite, Apt. #, etc. 27 301 City & State 28 Jacksonville, FL Zip 29 32207 Country 30 US | |
| 9. Name and Address of Current Registered Agent MALLY, EARL B 1200 RIVERPLACE BLVD SUITE 701 JACKSONVILLE FL 32207 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | |
| 12. OFFICERS AND DIRECTORS | | | |
| TITLE | D <input type="checkbox"/> DELETE | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| NAME | MALLY, EARL B | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1200 RIVERPLACE BLVD, STE 701 | 1.2 NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | 1.3 STREET ADDRESS | 1200 Riverplace Blvd Suite 301 |
| TITLE | D <input type="checkbox"/> DELETE | 1.4 CITY-ST-ZIP | |
| NAME | CLOWER, JAMES W MD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | 1200 RIVERPLACE BLVD, STE 701 | 2.2 NAME | |
| CITY-ST-ZIP | JACKSONVILLE FL 32207 | 2.3 STREET ADDRESS | 1200 Riverplace Blvd. Suite 301. |
| TITLE | <input type="checkbox"/> DELETE | 2.4 CITY-ST-ZIP | |
| NAME | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 3.2 NAME | |
| CITY-ST-ZIP | | 3.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 3.4 CITY-ST-ZIP | |
| NAME | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 4.2 NAME | |
| CITY-ST-ZIP | | 4.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 4.4 CITY-ST-ZIP | |
| NAME | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 5.2 NAME | |
| CITY-ST-ZIP | | 5.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 5.4 CITY-ST-ZIP | |
| NAME | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | 6.2 NAME | |
| CITY-ST-ZIP | | 6.3 STREET ADDRESS | |
| TITLE | <input type="checkbox"/> DELETE | 6.4 CITY-ST-ZIP | |
| NAME | | | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 (904) 308-2117