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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000081623

1. Corporation Name

IACKSONIVILLE HEALTHCARE PARTNERSHIP INC.

) ONORGO	WILL HEALTHOAIL FAIT	ALCIOIM , MO				
Principal Place	e of Business	Mailing Address			i Beliti Betet ikiel tiete elile liese iili teet	
1200 RIVERPLA	CE BLVD	1200 RIVERPLACE BLVD				
SUITE 701 SUITE 701 JACKSONVILLE FL 32207 JACKSONVILLE FL 32207				DO NOT WRIT	DO NOT WRITE IN THIS SPACE	
JACKSONVILLE	PL 3220/	JACKSONVILLE FL 32207		3. Date Incorporated or Qualifed		
				09/19/1997		
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 1200 6	Riverblace Blod	26 1200 RIVERD	lace Blue	59-3476946	Not Applicable	
Suite, Apt.	11 V -: U P	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional	
22 30		27 30		3. Certificate of Status Desired	Fee Required	
City & State City & State		1 6	. —	6. Election Campaign Financing	\$5.00 May Be	
23 Jacks			e, 1-L	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes the curre		
24 504			30 45	Personal Property Tax.	Yes No	
<u></u>	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Ro	gistered Agent	
MALI	V CADI D		Name			
MALLY, EARL B 1200 RIVERPLACE BLVD			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 701			83			
JACKSONVILLE FL 32207			63			
UAC!	NOOTHILL I'L GLEOT		84 City		FL 85 Zip Code	
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 Signature, typed or pnoted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS ANE		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	0	☐ DELETE	1.1 TITLE		Change	
NAME	MALLY, EARL B		1.2 NAME	•	- 1. 201	
STREET ADDRESS	1200 RIVERPLACE BLVD, STE 7	ro1	1.3 STREET ADDRESS	1200 Riverplace Blox	Suitesel	
CITY-ST-ZIP	JACKSONVILLE FL 32207	•	1.4 CITY-ST-ZIP	70-0 100		
TITLE	D	☐ DELETE	2.1 TITLE		Change Addition	
NAME	CLOWER, JAMES W MD		2.2 NAME	0 0 - 0 -	1, 301	
STREET ADDRESS	1200 RIVERPLACE BLVD, STE 7	01	2.3 STREET ADDRESS	1700 Riverplace Blood. :	Suite 31.	
CITY-ST-ZIP	JACKSONVILLE FL 32207		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 T/T_E		☐ Change ☐ Addition	
NAME			4.2 NAME		ļ	
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME		ĺ	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition	
TITLE .		1 1 1111111111	0.7 11125		Change Auditon	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

workeral

6.2 NAME

6.3 STREET ADDRESS

6,4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

May 07, 1999 8:00 am Secretary of State

05-07-1999 90076 026 ***150.00