


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P97000091431 1. Entity Name FIVE POINTS MEDICAL CLINIC, INC.	
---	---

Principal Place of Business 2025 PARK STREET JACKSONVILLE, FL 32204	Mailing Address 2025 PARK STREET JACKSONVILLE, FL 32204
---	---

DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3477762	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, DAVID R
 2468 ATLANTIC BOULEVARD
 JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DODD, DANIEL A D.C. 2025 PARK STREET JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

000000758407
 05/22/07-80020-002 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *x Daniel A. Dodd* x 4/30/07 x 904-388-1811

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #