

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. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

99 APR 22 AM 10:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107069 (1)

1. Corporation Name

FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION



Principal Place of Business

2080 CENTURY PARK EAST  
SUITE 1700  
LOS ANGELES CA 90067

5711 BOWDEN RD.  
SUITE 12  
JACKSONVILLE  
FLORIDA 32216

Mailing Address

2080 CENTURY PARK EAST  
SUITE 1700  
LOS ANGELES CA 90067

P.O. Box 56586  
JACKSONVILLE  
FLORIDA  
32241-6586

REINSTATEMENT

2. Principal Place of Business

21 5711 BOWDEN RD.

Suite, Apt. #, etc.

22 SUITE #12

City & State

23 JACKSONVILLE

Zip

24 32216

Country

25 DUVAL

2a. Mailing Address

26 P.O. Box 56586

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE

Zip

29 32241-6586

Country

30 DUVAL

9. Name and Address of Current Registered Agent

CAMP, RICHARD CPA  
4110 SOUTHPOINT BLVD.  
SUITE 206  
JACKSONVILLE FL 32216

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

Signature typed or printed name of registered agent and if not a director, also

(NOTE: Registered Agent sign only on request two copies only.)

4/20/99

12. OFFICERS AND DIRECTORS

TITLE PRESIDENT  
NAME TODD MCCLERKEN  
STREET ADDRESS P.O. Box 56586  
CITY-STATE-ZIP JACKSONVILLE, FL 32241-6586

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-STATE-ZIP  
21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-STATE-ZIP  
31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-STATE-ZIP  
41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-STATE-ZIP  
51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-STATE-ZIP  
61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-STATE-ZIP

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(a), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/13/98 (904) 730-5090

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