2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90517 024 ***150.00

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1. Entity Name
FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION

Principal Place of Business	Mailing Address
4425 MERRIMAC AVE. #2 JACKSONVILLE, FL 32210 US	PO BOX 56586 JACKSONVILLE, FL 32224 US

DO NOT WRITE IN THIS SPACE

04282005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3487405

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCLERREN, TODD
4425 MERRIMAC AVE.
#2
JACKSONVILLE, FL 32210

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MCCLERREN, TODD
STREET ADDRESS	P.O. BOX 56586
CITY-ST-ZIP	JACKSONVILLE, FL 322416586
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 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: B McC Dr 04/29/05 904-387-2464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #