


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

03-15-2006 90104 019 ***150.00

DOCUMENT # P97000107069	
1. Entity Name FLORIDA MULTI SPECIALTY MEDICAL GROUP, PROFESSIONAL ASSOCIATION	

Principal Place of Business 4425 MERRIMAC AVE. #2 JACKSONVILLE, FL 32210	5913 Normandy Blvd #11 JAX, FL 32205	Mailing Address PO BOX 56586 JACKSONVILLE, FL 32224 US
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02172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3487405	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCLERREN, TODD 4425 MERRIMAC AVE. #2 JACKSONVILLE, FL 32210

**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: 3/2/06

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLERREN, TODD P.O. BOX 56586 JACKSONVILLE, FL 322416586
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IN THIS SPACE**

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:  OFFICER DATE: 3/29/06 DAYTIME PHONE: 904.994.4832