2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State
04-23-2007 90255 044 ***150.00

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

40077081

04122007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
5913 NORMANDY BLVD 11 JACKSONVILLE, FL 32205 US	PO BOX 56586 JACKSONVILLE, FL 32224 US

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1561 Cassat Ave	
Suite, Apt. #, etc.:	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State:
Zip: 32210 Country: Duval	Zip: Country:

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

7. Name and Address of New Registered Agent

Name: McClerren, Todd
Street Address (P.O. Box Number is Not Acceptable): 1561 Cassat Ave
City: Jacksonville FL Zip Code: 32210

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (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. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCLERREN, TODD P.O. BOX 56586 JACKSONVILLE, FL 322416586	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: ______________________________ 4/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #