2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000000662

1. Entity Name
JACKSONVILLE HEALTHCARE GROUP, P.A.

Principal Place of Business
3563 PHILIPS HWY., BLDG. A, STE. 101
JACKSONVILLE, FL 32207 US

Mailing Address
3563 PHILIPS HWY., BLDG. A, STE. 101
JACKSONVILLE, FL 32207 US

07082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3485205
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CLOWER, JAMES W III
3563 PHILIPS HWY., BLDG. A, STE. 101
JACKSONVILLE, FL 32207

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

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CLOWER, JAMES W III
STREET ADDRESS	3563 PHILIPS HWY., BLDG. A, STE. 101
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	STICH, MARK A DO
STREET ADDRESS	3563 PHILIPS HWY., BLDG. A, STE. 101
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	MOORE, WILLIAM F
STREET ADDRESS	3563 PHILIPS HWY., BLDG. A, STE. 101
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	SACKETT, ELLEN
STREET ADDRESS	3563 PHILIPS HWY., BLDG. A, STE. 101
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	D
NAME	ABRAM, DEBORAH C
STREET ADDRESS	3563 PHILIPS HWY., BLDG. A, STE. 101
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/22/04-80007-010 550.00

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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 ce[redacted] 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 [redacted] of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appe[redacted] 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 7/19/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #