

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90297 004 ***300.00

DOCUMENT # P98000080991

1. Corporation Name

TRANS.DOCTOR, INC.

Principal Place of Business

Mailing Address

4711 Blanding Boulevard
Jacksonville, FL 32210

4711 Blanding Boulevard
Jacksonville, FL 32210

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

September 9, 1998

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

2a. Mailing Address

26

2083 Brighton Bay Trail

27

Suite, Apt. #, etc.

28

City & State
Jacksonville, FL

29

Zip

Country

30

US

4. FEI Number

593 531 661

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

William L. Johnson
4711 Blanding Boulevard
Jacksonville, FL 32210

81 Name

Mary A. Robison

82 Street Address (P.O. Box Number is Not Acceptable)

83 1 Independent Drive, Suite 2600

84 City

Jacksonville

FL

85 Zip Code

32202

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 *Mary A. Robison*
Signature, typed or printed name of registered agent and title if applicable.

Mary A. Robison

(NOTE: Registered Agent signature required when reinstating)

4/21/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME JOHNSON, WILLIAM L.
STREET ADDRESS 2083 BRIGHTON BAY TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32246

1.1 TITLE D/P ☒ Change ☐ Addition
1.2 NAME JOHNSON, WILLIAM L.
1.3 STREET ADDRESS 2083 BRIGHTON BAY TRAIL
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE D ☐ DELETE
NAME JOHNSON, BARBARA J.
STREET ADDRESS 2083 BRIGHTON BAY TRAIL
CITY-ST-ZIP JACKSONVILLE, FL 32246

2.1 TITLE D/S/T ☒ Change ☐ Addition
2.2 NAME JOHNSON, BARBARA J.
2.3 STREET ADDRESS 2083 BRIGHTON BAY TRAIL
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition
3.2 NAME JOHNSON, MICHAEL C.
3.3 STREET ADDRESS 4711 BLANDING BLVD
3.4 CITY-ST-ZIP JACKSONVILLE FL 32216

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

William L. Johnson
Signature, typed or printed name of signing officer or director

4/28/99 904 211 3479
Date Daytime Phone #

CR2E034 (1/98)