

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000085813

1. Entity Name
BEACHES UROLOGY, P.A.



Principal Place of Business

**1370 13TH AVENUE
#115
JACKSONVILLE BEACH, FL 32250**

Mailing Address

**3791 CRICKETT COVE ROAD E.
JACKSONVILLE, FL 32224**



04292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3645326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WILLIAM, JOHN C
3791 CRICKETT COVE ROAD EAST
JACKSONVILLE, FL 32224**

**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

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000945211

05/29/08-80131-004 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **WILLIAMS, JOHN C M.D.**
STREET ADDRESS **3791 CRICKETT COVE ROAD E.**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

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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:

Stephen Phillips **STEPHEN PHILLIPS** *POA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date

9042418176
Daytime Phone #