

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000096192**

1. Entity Name

OCEANWAY MEDICAL CENTER, INC.



Principal Place of Business

11513 NORTH MAIN STREET  
JACKSONVILLE, FL 32218

Mailing Address

PO BOX 28150  
JACKSONVILLE, FL 32226-8150



01232008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3606613

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BATEH, RICKY P  
10 WEST ADAMS STREET  
JACKSONVILLE, FL 32202

**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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MICOLUCCI, JEANNE B
STREET ADDRESS	904 ORIENTAL GARDENS
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	VP
NAME	MICOLUCCI, VICTOR C
STREET ADDRESS	904 ORIENTAL GARDENS
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	S
NAME	BATEH, RICKY P
STREET ADDRESS	8843 SAN JOSE BLVD, SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 32217
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000838930  
03/05/08-80050-014 158.75

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jeanne Micolucci*

2/20/08 (904) 751-6200  
Date Daytime Phone #