


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90039 015 ***150.00

DOCUMENT # P99000101631 1. Entity Name PHYSICIAN ASSOCIATES OF JACKSONVILLE, P.A.					
Principal Place of Business 2700 RIVERSIDE AVE SUITE 14 JACKSONVILLE, FL 32205			Mailing Address 10974 HICKORY TRACE LANE JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01032005 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3611260				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RAVICHANDRAN, NAGAMANIKKAM M.D. 10974 HICKORY TRACE LANE JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		<input type="checkbox"/> Election Campaign Financing <input type="checkbox"/> 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	D RAVICHANDRAN, NAGAMANIKKAM M.D. 10974 HICKORY TRACE LANE JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 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: <i>N. Ravichandran</i>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
<i>N. RAVICHANDRAN</i>			Date <i>01/09/2005</i> Daytime Phone #		