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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S55162** (9)

1. Corporation Name
ARTHRITIS ASSOCIATES & PRIMARY CARE OF NORTH FLORIDA, P.A.

Principal Place of Business

**6440 W. NEWBERRY RD.
SUITE 106
GAINESVILLE FL 32605
US**

Mailing Address

**6440 W. NEWBERRY RD.
SUITE 106
GAINESVILLE FL 32605-4324
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

**THOBURN, ROBERT
6440 W. NEWBERRY ROAD
SUITES 106 AND 107
GAINESVILLE FL 32605**

3. Date Incorporated or Qualified

05/28/1991

3a. Date of Last Report

05/01/1996

4. FEI Number

59-3065000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME THOBURN, ROBERT	1.2 NAME
STREET ADDRESS 6440 W. NEWBERRY RD.#106	1.3 STREET ADDRESS
CITY, ST, ZIP GAINESVILLE FL	1.4 CITY-ST-ZIP
TITLE D	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONGLEY, SELDEN III	2.2 NAME
STREET ADDRESS 6440 W. NEWBERRY RD.#106	2.3 STREET ADDRESS
CITY, ST, ZIP GAINESVILLE FL	2.4 CITY-ST-ZIP
TITLE D	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LLOYD, T. MARK SR.	3.2 NAME
STREET ADDRESS 6440 W. NEWBERRY RD.#106	3.3 STREET ADDRESS
CITY, ST, ZIP GAINESVILLE FL	3.4 CITY-ST-ZIP
TITLE D	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YANCEY, W. BRUCE JR.	4.2 NAME
STREET ADDRESS 6440 W. NEWBERRY RD.#106	4.3 STREET ADDRESS
CITY, ST, ZIP GAINESVILLE FL	4.4 CITY-ST-ZIP
TITLE D	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5.2 NAME
STREET ADDRESS	5.3 STREET ADDRESS
CITY, ST, ZIP	5.4 CITY-ST-ZIP
TITLE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6.2 NAME
STREET ADDRESS	6.3 STREET ADDRESS
CITY, ST, ZIP	6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed #

1/15/97

352-333-5171

CR2E034 (9/96)