

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Jul 20, 1999 8:00 am**  
**Secretary of State**

07-20-1999 90018 019 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # S55162 ✓

1. Corporation Name

ARTHRITIS ASSOCIATES & PRIMARY CARE OF NORTH FLO  
 RIDA, P.A.

591613 - 90018 - 19



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
 6440 W. NEWBERRY RD., SUITE 106 GAINESVILLE FL 32605 US  
 6440 W. NEWBERRY RD. SUITE 106 GAINESVILLE FL 32605 US

3. Date Incorporated or Qualified  
**05/28/1991**

4. FEI Number  
**59-3065000**

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 owes the current year Intangible Personal Property.  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 27  
 City & State City & State  
 23 28  
 Zip Country Zip Country  
 24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 T. Mark Lloyd M.D. DATE 7/15/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	THOBURN, ROBERT	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LONGLEY, SELDEN III	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, T. MARK SR.	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YANCEY, W. BRUCE JR.	
STREET ADDRESS	6440 W. NEWBERRY RD.#106	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: T. Mark Lloyd M.D. DATE 7/15/99  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)