FILI	FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00									- FILED				
PROFIT CORPORATION ANNUAL REPORT 1998					FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS					Jan 16 1998 8:00am Secretary of State				
DOCU 1. Corporation	MENT	#	S77354	1	(6)						<i>y</i> 0.		acc	
3	AM L. CO		D., P.A.		•									
!														
Principal Place of Business Mailing Address														
1820 BARRS STREET 1820 BARRS STREET														
521   521   JACKSONVILLE FL 32204   JACKSONVILLE FL 32204									DO NOT WRITE IN THIS SPACE					
US US										3. Date Incorporated or Qualified				
2. Principal Place of Business					Mailing Address				08/29/1991 4. FEJ Number		I A	oplied For		
21				26						59-3082282			ot Applicable	
Suite, Apt. #, etc.					Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State					City & State					6. Election Campaign Financing			May Be	
Zip		Cou	ntrv	28			Country			Trust Fund Contribution  8. This corporation owes or has paid	145		to Fees	
24	25 29 30								•	Personal Property Tax due June 3	80. 🗷	Yes [	angible ⊒ No	
			ress of Current	Regist	tered Agent		-			10. Name and Address of New Regi	stered A	.gent		
FISHER, MICHAEL W. I INDEPENDENT DR SUITE 2600														
JACKSONVILLE FL 32202							82 Street Addre			ss (P.O. Box Number is Not Acceptable	)			
							83					-		
							84	City				85 Zip (	Code	
11 Pureuant	to the provisi	one of Sc	octions 607 0502	and SC	7 1508 Elorida Statu	toe the	2000	nomod	Loorno	ration as boile this statement for the au	<u> </u>			
office or r agent. I a	registered ag ım familiar wi	ent, or both th, and a	oth, in the State of ccept the obligation	Florid	la. Such change was , Section 607.0505, Fl	authori: lorida S	zed by Statutes	the cor	poratio	ration submits this statement for the pur on's board of directors. I hereby accept	the appo	intment as	registered	
SIGNATURE	Signature, typed	or printed n	rne of registered agent i	and litte i	f applicable (NO)	TE Beniste	ered Are	nt signature	required	d when reinstating)	DATE			
12.		•	OFFICERS AND I			1:				ADDITIONS/CHANGES TO OFFICE		DIRECTOR	IS IN 12	
TITLE	D				☐ DELETE	1.1	1 TITLE				ī	Change	Addition	
NAME	CODY, WILLIAM L. M.D.					1.2	1.2 NAME							
STREET ADDRESS	3 1820 BARRS STREET SUITE 521 JACKSONVILLE FL						1.3 STREET ADDRESS .							
City-St-Zip Title	JACKS	JIAAISTE.	TL.		DELETE	_	4 CITY-S	T-ZIP				T 05	A at at the ana	
NAME					Detere	- 1	1 TITLE 2 NAME				L	Change	Addition Addition	
STREET ADDRESS						4		ADDRESS						
CITY-ST-ZIP							4 CiTY-S							
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NAME						3.2	2 NAME	;						
STREET ADDRESS						3.3	3 STREET	address	1					
CITY - ST - ZIP							4. CITY-S	T-ZIP		<del>-</del> · · · · · · · · · · · · · · · · · · ·	<del>,</del>	<del></del>		
TITLE NAME					☐ DELETE		1 TITLE 2 NAME				L	Change	Addition	
HWWIE						4.2	ZYMME		i					

14. I hereby certify that the information supplied with this filling 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:

904-387-9577

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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Change

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Addition

Addition ...