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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

FILED Mar 28 1996 8:00 am Secretary of State

| Principal Place of | of Business | Mailing Address | | I INCII BIINNO IIII BIINI IIINNO I | 162 litt filbi) filbit filbit bilbit albit man, enni |
|---|--|-----------------------------|--|--|--|
| 1409 KINGS | LEY AVENUE | 1409 KINGSLEY AVI | ENUE | | |
| BLD. #3 | .DV EL 22072 | BLD. #3 Orange Park FL: | 22073 | L | - 4:00 |
| ORANGE PARK FL 32073 | | ORANGE FROM TE | <i>5207</i> | 3. Date Incorporated or Qualified 05/07/1992 | 3a. Date of Last Report 02/03/1995 |
| 2. Principal Plac | pe of Business | 2a. Mailing Address | , | 4. FET Number | Applied For |
| 21 | | 26 P.O. Box 2 | 987 | 59-3121094 | Not Applicable |
| Suite, Apt. # | , etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & State | | City & State | lle, Florida | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| 23 | Country | Zip Zip | Country | 8. This corporation has liability for | |
| Zip 24 | Country 25 | 29 32303 | 30 Duval | | No |
| <u>-41</u> | 9. Name and Address of Curren | | LTT1 | 10. Name and Address of New F | Registered Agent |
| _ ~ | | | 81 Name | | |
| THE PE | THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. | | | ress (P.O. Box Number is Not Acceptate | ile) |
| 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | 0.0.2, | | | |
| | | | 83 | | |
| | | | 84 City | | 85 Zip Code |
| | | | | | |
| familiar with | n, and accept the obligations of, Sect Synature, typed or probal reals of registered suited | and title if applicable (*) | S. Kita Begivere April squatur rapin | ration submits this statement for the pured of directors. Thereby accept the approximation and the statement of the statement | DATE |
| 12. | | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OF | ICERS AND DIRECTORS IN 12 Change Addition |
| TITLE | D | ☐ DECETE | 1 1 TITLE | | Change Addition |
| NAME | ALOSILLA, CARLOS E M.D. | | 1.2 NAME | | |
| STREET ADDRESS | 1409 KINGSLEY AVE, STE | 3 | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | ORANGE PARK FL | DELFTE | 1.4 CHY-ST-ZIP 2.1 TÜLE | | Change Addition |
| TILE | D Bell, Willie W. M.D. | L-J beer ve | 2 2 NAME | | |
| NAME SECTION ADDRESS | 1409 KINGSLEY AVE, STE. | વ | 2 3 STREET ADDRESS | | • |
| STREET ADDRESS | ORANGE PARK FL | . 0 | 2 4 CITY - ST - ZIF | | |
| CITY - S1 - ZIP | D | ☐ DELETE | 3 1 TillE | | Charige Addition |
| NAME | FERREE, JOEL W., M.D. | | 3.2 NAME | | |
| STREET ADDRESS | 1409 KINGSLEY AVE, STE. | . 3 | 33 STREET ADDRESS | | |
| CITY-SI-7IP | ORANGE PARK FL | | 3.4 CHY-S1-7/P | | |
| T:TLE | D | ☐ DELETE | 4 1 TITLE | | ☐ Change ☐ Addition |
| | | | 4.2 NAME | | |
| NAME | PILCHER, GEORGE S JR. | | 4.2 (N/MV.C | | |
| STREET ADDRESS | 1409 KINGSLEY AVE., STE | E. 3 | 4.3 STREET ADDRESS | | |
| | | | 4.3 STREET ADDRESS 4.4 C(TY - ST - 7)F | | Change Addition |
| STREET ADDRESS | 1409 KINGSLEY AVE., STE ORANGE PARK FL D | E. 3 | 4.3 STREET ADDRESS 4.4 C/TY - ST - 7/P 5 1 T/TLE | | ☐ Change ☐ Addition |
| STREET ADDRESS CITY+ST-ZIP | 1409 KINGSLEY AVE., STE ORANGE PARK FL D PHILLIPS, ERNEST C M.D. | DETEIF | 4.3 STREEL ADDRESS 4.4 C-1Y-S1-7/P 5.1 Title 5.2 NAME | | Change Addition |
| STREET ADDRESS CHY+ST-ZIP TITLE | 1409 KINGSLEY AVE., STE ORANGE PARK FL D PHILLIPS, ERNEST C M.D. 1409 KINGSLEY AVE., STE | DETEIF | 4.3 STREEL ADDRESS 4.4 C-LY-ST-7/P 5.1 Title 5.2 NAME 5.3 STREEL ADDRESS | | ☐ Change ☐ Add tion |
| STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP | 1409 KINGSLEY AVE., STE ORANGE PARK FL D PHILLIPS, ERNEST C M.D. | <u>□ DELETE</u> | 4.3 STREEL ADDRESS 4.4 G-TY-ST-7/P 5.1 Title 5.2 NAME 5.3 STREEL ADDRESS 5.4 GTY-ST-7/P | | |
| STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 1409 KINGSLEY AVE., STE ORANGE PARK FL D PHILLIPS, ERNEST C M.D. 1409 KINGSLEY AVE., STE | DETEIF | 4.3 STREEL ADDRESS 4.4 C-TY-ST-7/P 5.1 Title 5.2 NAME 5.3 STREEL ADDRESS 5.4 C-TY-ST-2/P 6.1 TITLE | | Change Addition |
| STREET ADDRESS CITY - ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP T-TLE NAME | 1409 KINGSLEY AVE., STE ORANGE PARK FL D PHILLIPS, ERNEST C M.D. 1409 KINGSLEY AVE., STE | <u>□ DELETE</u> | 4.3 STREET ADDRESS 4.4 C-TY-ST-7/P 5.1 THE 5.2 NAME 5.3 STREET ADDRESS 5.4 C-TY-ST-7/P 6.1 THUE 6.2 NAME | | |
| STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | 1409 KINGSLEY AVE., STE ORANGE PARK FL D PHILLIPS, ERNEST C M.D. 1409 KINGSLEY AVE., STE | <u>□ DELETE</u> | 4.3 STREEL ADDRESS 4.4 C-TY-ST-7/P 5.1 Title 5.2 NAME 5.3 STREEL ADDRESS 5.4 C-TY-ST-2/P 6.1 TITLE | | |

Annual report or supplemental annual report is trun and accurate and that my signature shall have the same logal effect as it made under forporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name I, of on an attachment with an address.

W 3/26/96 90938775599 certify that the information indicated on this oath; that I am an officer or director of the appears in Block 12 or Block 13 if change

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytine Phone #