

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V38638

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: CRITICAL CARE OF NORTH JACKSONVILLE, P.A.

## Current Principal Place of Business:

3550 UNIVERSITY BLVD SO  
SUITE 207  
JACKSONVILLE, FL 32256 US

## New Principal Place of Business:

## Current Mailing Address:

P.O.BOX 56917  
JACKSONVILLE, FL 32241 US

## New Mailing Address:

FEI Number: 59-3123948

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACKLER, IRA M.  
POST OFFICE BOX 56917  
JACKSONVILLE, FL 32241 US

## Name and Address of New Registered Agent:

JACKLER, EVA V  
POST OFFICE BOX 56917  
JACKSONVILLE, FL 32241 US

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.

SIGNATURE: EVA JACKLER

01/03/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: JACKLER, IRA M  
Address: 6750 EPPING FOREST WAY N. #102  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: ST ( ) Delete  
Name: JACKLER, EVA V.,  
Address: 6750 EPPING FOREST WAY N. #102  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: VP ( ) Delete  
Name: CHAKRAVARTY, AMIT K M.D.  
Address: 9914 CHELSEA LAKE RD  
City-St-Zip: JACKSONVILLE, FL 32256 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change ( ) Addition  
Name: JACKLER, IRA M DR  
Address: 6750 EPPING FOREST WAY N. #102  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: TREA (X) Change ( ) Addition  
Name: JACKLER, EVA I  
Address: 6750 EPPING FOREST WAY N. #102  
City-St-Zip: JACKSONVILLE, FL 32217 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EVA JACKLER

TREA

01/03/2006

Electronic Signature of Signing Officer or Director

Date