FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **V68899** **(6)**

1. Corporation Name
PREMIER FAMILY CARE, P.A.

Principal Place of Business	Mailing Address
~~4244 UNIVERSITY BLVD. S.~~ ~~JACKSONVILLE FL 32216~~ 4800 Beach Blvd Ste # Jacksonville FL 32207-4865	4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE FL 32207-4865 US

3. Date Incorporated or Qualified: **09/28/1992**
3a. Date of Last Report: **05/11/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-3150845** ☐ 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

9. Name and Address of Current Registered Agent

CLARK, STEPHEN J., M.D.
4800 BEACH BOULEVARD, SUITE 10
JACKSONVILLE FL 32207

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 Section 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 [signature] 5-1-96
Signature of new registered agent, if changing DATE

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOMHARD, JAMES S. 5555 FORT CAROLINE RD JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARK, STEPHEN 4131 S UNIVERSITY BLVD JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BORK, DUANE L 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOONE, RALPH M 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MHOON, JAMES E 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE FL	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALAS, ANDRE 4800 BEACH BOULEVARD, SUITE 10 JACKSONVILLE FL	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	4800 Beach Blvd Ste # 10	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	4800 Beach Blvd. Ste # 10	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] 5-1-96 904-391-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)

0017060 CP