

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010674

FILED  
Jan 17, 2012  
Secretary of State

**Entity Name:** NORTH FLORIDA PROVIDER GROUP, INC.

**Current Principal Place of Business:**

555 STOCKTON STREET  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

555 STOCKTON STREET  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JENNINGS, RANDY  
555 STOCKTON STREET  
JACKSONVILLE, FL 32204 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TOTO, IRENE  
Address: 3292 COUNTY ROAD 220  
City-St-Zip: MIDDLEBURG, FL 32068 US

Title: VP  
Name: PAGEL, LAUREEN  
Address: 463142 SR200 WEST  
City-St-Zip: YULEE, FL 32097 US

Title: SEC  
Name: SAMPSON, PATRICIA  
Address: 2392 NORTH EDGEWOOD AVENUE  
City-St-Zip: JACKSONVILLE,, FL 32254 US

Title: TREA  
Name: CLARK, JIM  
Address: 4203 SOUTHPOINT BLVD  
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RANDY JENNINGS

RA

01/17/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date