

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000019057

FILED
Apr 29, 2004
Secretary of State

Entity Name: JACKSONVILLE FAMILY HEALTHCARE GROUP, INC.

Current Principal Place of Business:

8552 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

8552 BAYMEADOWS RD
JACKSONVILLE, FL 32256

New Mailing Address:

FEI Number: 59-3630953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATHANS, ALAN DR.
8552 BAYMEADOWS RD
JACKSONVILLE, FL 32256

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NATHANS, ALAN
Address: 6856 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32217

Title: D () Delete
Name: NATHANS, ALYSE
Address: 6856 ST. AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NATHANS, ALAN
Address: 8552 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

Title: D (X) Change () Addition
Name: NATHANS, ALYSE S
Address: 8552 BAYMEADOWS ROAD
City-St-Zip: JACKSONVILLE, FL 32256

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALYSE S. NATHANS

D

04/29/2004

Electronic Signature of Signing Officer or Director

Date