2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED SECRETARY OF STALE DIVISION OF CORPORATIONS DOCUMENT # P02000117004 JACKSONVILLE PROFESSIONAL MANAGEMENT, INC. 97 APR 17 AM 11: 42 Mailing Address Principal Place of Business 2410 ORMSBY CIRCLE W 2410 ORMSBY CIRCLE W JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 04162007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 13-4218659 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NULAND, CHRISTOPHER L DO NOT WRITE 1000 RIVERSIDE AVENUE, SUITE 115 JACKSONVILLE, FL 32204 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ Signature, typed or milited name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS UHE MOERINGS, DAWN R NAMI-STREET ADDRESS 2410 ORMSBY CIRLE W CHY-ST-ZIP JACKSONVILLE, FL 32210 600097967276 04/23/07--01022--003 **150.00 THEE NAME STREET ADDRESS CHY ST-ZIP ditt DAME STREET ADDRESS DO NOT WRITE CHY S1-ZIP HILL IN THIS SPACE MAME STREET ADDRESS CHY ST 7P MAMI STREET ADDRESS CHY ST ZIP TITLE NAME STREET ADDRESS CHY ST ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report a supplemental 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 10 or Block 11 if changed, or on an attachment with an appress, with all other like empowered.

Dawn R. Moerings

NTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 2007 (904) 573 9988