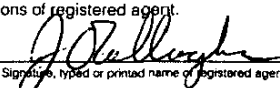
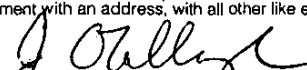


FILED
Apr 16, 2008 8:00 am
Secretary of State

60024111

04032008 Chg-P CR2E034 (12/06)

DOCUMENT # P03000095765 1. Entity Name PHYSICIAN ASSISTANTS OF JACKSONVILLE, INC.		04-16-2008 90021 040 ***150.00																																					
Principal Place of Business 12784 QUINCY BAY DRIVE JACKSONVILLE, FL 32224 US		Mailing Address 12784 QUINCY BAY DRIVE JACKSONVILLE, FL 32224 US																																					
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country																																					
																																							
		04032008 Chg-P CR2E034 (12/06)																																					
		4. FEI Number 02-0321764																																					
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required																																					
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																					
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:  4/13/08 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE																																							
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																																					
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:40%;">PD O'CALLAGHAN, JAMES M 12784 QUINCY BAY DR. JACKSONVILLE, FL 32224</td><td style="width:30%; text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Delete</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Delete</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'CALLAGHAN, JAMES M 12784 QUINCY BAY DR. JACKSONVILLE, FL 32224	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td style="width:40%;"></td><td style="width:30%; text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td><td style="text-align: right;">☐ Change ☐ Addition</td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.																																							
SIGNATURE: 		4/13/08 904-821-8403 Date Daytime Phone #																																					