

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000010674

FILED
Jan 10, 2013
Secretary of State
CC1291964639

Entity Name: NORTH FLORIDA PROVIDER GROUP, INC.

Current Principal Place of Business:

555 STOCKTON STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

555 STOCKTON STREET
JACKSONVILLE, FL 32204 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JENNINGS, RANDY
555 STOCKTON STREET
JACKSONVILLE, FL 32204 US

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

Officer/Director Detail :

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

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

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

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

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: IRENE TOTO

PRESIDENT

01/10/2013

Electronic Signature of Signing Officer/Director Detail

Date