

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 215293

Entity Name: VANBROWN INC

Current Principal Place of Business:

710 LOMAX STREET
JACKSONVILLE, FL 32204-4098

Current Mailing Address:

710 LOMAX STREET
JACKSONVILLE, FL 32204-4098

FEI Number: 59-6082147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITTAKER, JOHN RM.D.
710 LOMAX 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 TD
Name LEWIS, RICHARD H
Address 710 LOMAX STREET
City-State-Zip: JACKSONVILLE FL

Title PD
Name WHITTAKER, JOHN R
Address 710 LOMAX STREET
City-State-Zip: JACKSONVILLE FL 32204

Title D
Name DALTON, DAVID L
Address 710 LOMAX STREET
City-State-Zip: JACKSONVILLE FL 32204

Title VD
Name CRUM, PAUL M
Address 710 LOMAX STREET
City-State-Zip: JACKSONVILLE FL

Title SD
Name BALDOCK, JAMES A
Address 710 LOMAX STREET
City-State-Zip: JACKSONVILLE FL

Title D
Name VASHI, APOORVA R
Address 710 LOMAX STREET
City-State-Zip: JACKSONVILLE FL 32204

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

SIGNATURE: JOHN WHITTAKER, M.D.

DIRECTOR

04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date