

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700115

FILED
Apr 06, 2006
Secretary of State

Entity Name: ACADEMY OF MEDICINE JACKSONVILLE, FLORIDA, INC.

Current Principal Place of Business:

555 BISHOPGATE LN
JACKSONVILLE, FL 32204 US

New Principal Place of Business:

Current Mailing Address:

555 BISHOPGATE LANE
JACKSONVILLE, FL 32204 US

New Mailing Address:

FEI Number: 59-0880039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLSON, JAY W EVP
555 BISHOPGATE LN
JACKSONVILLE, FL 32204 US

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

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: MILLSON, JAY W EVP
Address: 555 BISHOPGATE LANE
City-St-Zip: JACKSONVILLE, FL 32204

Title: PD () Delete
Name: MOORE, BENJAMIN E MD
Address: 1801 BARRS ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD () Delete
Name: SACK, TODD L MD
Address: 1610 BARRS ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD () Delete
Name: MITCHELL, KAY M MD
Address: 4500 SAN PABLO RD.
City-St-Zip: JACKSONVILLE, FL 32224

Title: TD () Delete
Name: GLENN, J. EUGENE MD
Address: 1820 BARRS ST.
City-St-Zip: JACKSONVILLE, FL 32204

Title: IPPD () Delete
Name: BENRUBI, GUY I MD
Address: 653-1 W. 8TH ST.
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JAY W. MILLSON

EVP

04/06/2006

Electronic Signature of Signing Officer or Director

Date