2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700115

FILED Mar 08, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

555 BISHOPGATE LN

JACKSONVILLE, FL 32204 US

Current Mailing Address: New Mailing Address:

555 BISHOPGATE LN

JACKSONVILLE, FL 32204 US

FEI Number: 59-0880039 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MILLSON, JAY W EVP 555 BISHOPGATE LN

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

OFFICERS AND DIRECTORS:

Title: EVP

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

Title: PD

Name: MOORE, BENJAMIN E MD Address: 2 SHIRCLIFF WAY, #925 City-St-Zip: JACKSONVILLE, FL 32204

Title: VD

Name: SACK, TODD L MD

Address: 3 SHIRCLIFF WAY, SUITE 400 City-St-Zip: JACKSONVILLE, FL 32204

Title: SD

 Name:
 MITCHELL, KAY M MD

 Address:
 4500 SAN PABLO RD.

 City-St-Zip:
 JACKSONVILLE, FL 32224

Title: TD

Name: GLENN, J. EUGENE MD Address: 3 SHIRCLIFF WAY, #358 City-St-Zip: JACKSONVILLE, FL 32204

Title: IPPD

Name: BENRUBI, GUY I MD Address: 653-1 W. 8TH ST.

City-St-Zip: JACKSONVILLE, FL 32209

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: JAY W MILLSON EVP 03/08/2011