

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716011

FILED  
Mar 06, 2008  
Secretary of State

**Entity Name:** JACKSONVILLE HEALTH EDUCATION PROGRAMS, INC.

**Current Principal Place of Business:**

653-1 W. 8TH ST.  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

653-1 W 8TH ST 2ND FLOOR/LRC  
JACKSONVILLE, FL 32209 US

**New Mailing Address:**

**FEI Number:** 59-0858068

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEUMANN, PAMELA A  
2638 SPREADING OAKS LANE  
JACKSONVILLE, FL 32223 US

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

MOELLER, KATHLEEN A  
653-1 W 8TH STREET  
JACKSONVILLE, FL 32209 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: KATHLEEN A. MOELLER

03/06/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DC ( ) Delete  
Name: BARBOUR, JEPHTHA F  
Address: 653-1 W 8TH ST  
City-St-Zip: JACKSONVILLE, FL

Title: MD (X) Delete  
Name: NEUMANN, PAMELA A  
Address: 2638 SPREADING OAKS LANE  
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD ( ) Delete  
Name: FERGUSON, EMMET JR., M.D.  
Address: 1515 MAY STREET  
City-St-Zip: JACKSONVILLE, FL

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

**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  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JEPHTHA F. BARBOUR

DC

03/06/2008

Electronic Signature of Signing Officer or Director

Date