

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726901

FILED  
Apr 09, 2012  
Secretary of State

**Entity Name:** THE SPINA BIFIDA ASSOCIATION OF JACKSONVILLE, INC.

**Current Principal Place of Business:**

NEMOURS CHILDRENS CLINIC  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

NEMOURS CHILDREN'S CLINIC  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

NEMOURS CHILDRENS CLINIC  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**New Mailing Address:**

NEMOURS CHILDREN'S CLINIC  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207

**FEI Number:** 23-7432288

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUINONES, MARIA  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207 US

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

SCHROER, DIANE M  
807 CHILDREN'S WAY  
JACKSONVILLE, FL 32207 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: DIANE M SCHROER

04/09/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TREA  
Name: SCHROER, DIANE  
Address: 322 BEADLILY COURT  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: CATTO, SUZANNE  
Address: 4941 RIVER POINT ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: D  
Name: DOLAN, JAMES  
Address: 3556 SILVERY LANE  
City-St-Zip: JACKSONVILLE, FL 32217

Title: COB  
Name: ERHARD, MICHAEL MD  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VCOB  
Name: VALDIVIA, JULIO  
Address: 807 CHILDREN'S WAY  
City-St-Zip: JACKSONVILLE, FL 32207

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: DIANE M SCHROER

TREA

04/09/2012

Electronic Signature of Signing Officer or Director

Date