

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000002965

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** C.J. HEALTH RECORD CONSULTANT SERVICES, INC.

**Current Principal Place of Business:**

7010 LEE HIGHWAY  
SUITE 214  
CHATTANOOGA, TN 37421

**New Principal Place of Business:**

**Current Mailing Address:**

7010 LEE HIGHWAY  
SUITE 214  
CHATTANOOGA, TN 37421

**New Mailing Address:**

**FEI Number:** 62-1332063

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARCIA, PATRICIA  
3250 ZEMKE AVE BLDG 1078  
6TH CONTRACTING SQUADRON  
MACDILL AFB, FL 336215205 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: P  
Name: JONES, CAROLYN G  
Address: 7010 LEE HIGHWAY, SUITE 214  
City-St-Zip: CHATTANOOGA, TN 37421

Title: VPS  
Name: JONES, EDWARD G  
Address: 7010 LEE HIGHWAY, SUITE 214  
City-St-Zip: CHATTANOOGA, TN 37421

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: EDWARD G. JONES

VPS

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date