

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

\$150.00

FILED

07 JAN 23 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000001772

1. Entity Name  
IHS OF FLORIDA AT JACKSONVILLE, INC.



Principal Place of Business  
7125 THOMAS EDISON DRIVE  
SUITE 225  
COLUMBIA, MD 21046

Mailing Address  
7125 THOMAS EDISON DRIVE  
SUITE 225  
COLUMBIA, MD 21046

2. Principal Place of Business - No P.O. Box #

7150 Columbia Gateway Drive

3. Mailing Address

7150 Columbia Gateway Dr.

Suite, Apt. #, etc.

Suite J

Suite, Apt. #, etc.

Suite J

City & State

Columbia, MD

City & State

Columbia, MD

Zip

21046

Country

Zip

21046

Country

01102007

Chg-P

CR2E034 (12/06)

07

4. FEI Number

52-2155335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

700086453467  
01/29/07--01007--023 \*\*1400.00

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	NICHOLSON, TIMOTHY F	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	POOLE, JOHN B	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	AUMAN, MATTHEW F	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	TRYBUS, TIMOTHY J	
STREET ADDRESS	7125 THOMAS EDISON DRIVE, SUITE 225	
CITY-ST-ZIP	COLUMBIA, MD 21046	
TITLE	S	<input type="checkbox"/> Delete
NAME	FALLON, JR, JOHN R	
STREET ADDRESS	125 WEST 55TH STREET	
CITY-ST-ZIP	NEW YORK, NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7150 Columbia Gateway Drive, Suite J	
CITY-ST-ZIP	Columbia, MD 21046	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7150 Columbia Gateway Dr. Suite J	
CITY-ST-ZIP	Columbia, MD 21046	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7150 Columbia Gateway Dr. Suite J	
CITY-ST-ZIP	Columbia, MD 21046	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7150 Columbia Gateway Dr. Suite J	
CITY-ST-ZIP	Columbia, MD 21046	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM TRYBUS

Date

Daytime Phone #

1/10/07

443-538-2350