2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2009
Secretary of State

DOCUMENT# H74078

Entity Name: ID ASSOCIATES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

2 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

New Principal Place of Business:

2 SHIRCLIFF WAY
STE 610
JACKSONVILLE, FL 32204 US

Current Mailing Address:

2 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

New Mailing Address:

2 SHIRCLIFF WAY
STE 610
JACKSONVILLE, FL 32204 US

FEI Number: 59-2569225 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATHLEEN H. COLD
ONE INDEPENDENT DR
SUITE 2301
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MONTOYA, JEAN-PAUL M.D.
Address: 2 SHIRCLIFF WAY
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MONTOYA, JEAN-PAUL M.D.
Address: 2 SHIRCLIFF WAY STE 610
City-St-Zip: JACKSONVILLE, FL 32204 US

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN-PAUL MONTOYA, M.D P 01/06/2009

Electronic Signature of Signing Officer or Director Date