

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J99914

FILED  
Feb 11, 2012  
Secretary of State

**Entity Name:** MCCOY MEDICAL ASSOCIATES, INC.

**Current Principal Place of Business:**

% W.A. GARTNER  
3835 FAIR BANKS FOREST DR  
JACKSONVILLE, FL 32223

**New Principal Place of Business:**

**Current Mailing Address:**

% W.A. GARTNER  
3835 FAIR BANKS FOREST DR  
JACKSONVILLE, FL 32223

**New Mailing Address:**

**FEI Number:** 59-2856299

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCOY, EDWARD W  
3835 FAIR BANKS FOREST DR  
SUITE 600  
JACKSONVILLE, FL 32223 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: D  
Name: MCCOY, EDWARD  
Address: 3283 BROKEN BRANCH LANE  
City-St-Zip: JACKSONVILLE, FL

Title: D  
Name: THORNTON, J.P.  
Address: 8381 DIX ELLIS TRAIL 100  
City-St-Zip: JACKSONVILLE, FL

Title: D  
Name: KINCAID, DONALD  
Address: 6944 ST. AUGUSTINE RD. A  
City-St-Zip: JACKSONVILLE, FL

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 MCCOY

P

02/11/2012

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

\_\_\_\_\_  
Date