

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K50818

FILED
Sep 06, 2006
Secretary of State

Entity Name: JACKSONVILLE EMERGENCY CONSULTANTS, P.A.

Current Principal Place of Business:

8282 WOODGROVE RD.
JACKSONVILLE, FL 32256

New Principal Place of Business:

8761 PERIMETER PARK BLVD.
SUITE 106
JACKSONVILLE, FL 32216

Current Mailing Address:

8282 WOODGROVE RD.
JACKSONVILLE, FL 32256

New Mailing Address:

8761 PERIMETER PARK BLVD.
SUITE 106
JACKSONVILLE, FL 32216

FEI Number: 59-2924836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDNEY S. SIMMONS 11
841 PRUDENTIAL DR.
SUITE14
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

SIDNEY S. SIMMONS 11
841 PRUDENTIAL DR.
SUITE1400
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: SIDNEY S. SIMMONS II, VP

09/06/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PAPAVALIOU, JOHN
Address: 636 REMINGTON CT.
City-St-Zip: ST. AUGUSTINE, FL 32090

Title: D () Delete
Name: MENZE, ROGER
Address: 4511 COQUINA DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: D () Delete
Name: OLIVER, RADAMES
Address: 8110 MIDDLEFORK WAY
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: WELLER, LAWRENCE
Address: 8736 HUNTER CREEK DR. S.
City-St-Zip: JACKSONVILLE, FL 32256

Title: D () Delete
Name: FORSTER, JOHN
Address: 532 LAKE RD.
City-St-Zip: PONTE VEDRA BEACH, FL 32802

Title: D () Delete
Name: ALONSO, LEONARDO
Address: 831 CHICOPIT LANE
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: ALONSO, LEONARDO

D

09/06/2006

Electronic Signature of Signing Officer or Director

Date