


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L02161
 1. Entity Name
 410 JACKSONVILLE DRIVE, INC.



Principal Place of Business
 410 JACKSONVILLE DRIVE
 JACKSONVILLE BEACH, FL 32250

Mailing Address
 410 JACKSONVILLE DRIVE
 JACKSONVILLE BEACH, FL 32250

DO NOT WRITE IN THIS SPACE



01072008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2953552

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANCASTER, STEVEN J M.D.
 410 JACKSONVILLE DRIVE
 JACKSONVILLE BEACH, FL 32250

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000796946
 01/29/08-80053-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANCASTER, STEVEN M.D.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	VP
NAME	WHITAKER, DALE M.D.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	S
NAME	YOUNG, EDWARD MD.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	T
NAME	VON THRON, JOHN MD.
STREET ADDRESS	410 JACKSONVILLE DRIVE
CITY-ST-ZIP	JACKSONVILLE BEACH, FL 32250
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  **1-9-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #