

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L02161

FILED
Jan 18, 2011
Secretary of State

Entity Name: 410 JACKSONVILLE DRIVE, INC.

Current Principal Place of Business:

410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-2953552

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANCASTER, STEVEN J M.D.
410 JACKSONVILLE DRIVE
JACKSONVILLE BEACH, FL 32250 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: P
Name: LANCASTER, STEVEN M.D.
Address: 410 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: VP
Name: WHITAKER, DALE M.D.
Address: 410 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S
Name: YOUNG, EDWARD MD.
Address: 410 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: T
Name: VON THRON, JOHN MD.
Address: 410 JACKSONVILLE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: STEVEN LANCASTER, MD

P

01/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date