

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96744

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** JACKSONVILLE HAND ASSOCIATES, P.A.

**Current Principal Place of Business:**

14546 ST AUGUSTINE RD  
SUITE 405  
JACKSONVILLE, FL 32258 US

**New Principal Place of Business:**

**Current Mailing Address:**

14546 ST AUGUSTINE RD  
SUITE 405  
JACKSONVILLE, FL 32258 US

**New Mailing Address:**

**FEI Number:** 59-2908622      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HUMPHRIES, RALPH ESQ  
2700 C UNIVERSITY BLVD W  
JACKSONVILLE, FL 32217 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: DPS  
Name: DREWNIANY, JOHN  
Address: 3031 FOREST CIR  
City-St-Zip: JACKSONVILLE, FL 32257

Title: T  
Name: DREWNIANY, MARY BETH  
Address: 3031 FOREST CIRCLE  
City-St-Zip: JACKSONVILLE, FL 32257

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: JOHN J. DREWNIANY

DR.

01/05/2011

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

\_\_\_\_\_ Date