

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001168

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA CHAPTER COORDINATION, INC.

Current Principal Place of Business:

1000 RIVERSIDE AVE.
STE. 115
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1000 RIVERSIDE AVE.
STE. 115
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3625951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVE.
STE. 115
JACKSONVILLE, FL 32204 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 () Delete
Name: HIMMELSTEIN, STUART M.D.
Address: 1000 RIVERSIDE AVE., STE. 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: ZIMMER, MICHAEL M.D.
Address: 1000 RIVERSIDE AVE., STE. 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: MITCHELL, KAY M.D.
Address: 1000 RIVERSIDE AVE., STE. 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: S (X) Delete
Name: NULAND, CHRISTOPHER
Address: 1000 RIVERSIDE AVE., STE. 115
City-St-Zip: JACKSONVILLE, FL 32204

Title: D () Delete
Name: FOSTER, MALCOLM M.D.
Address: 1000 RIVERSIDE AVE., STE. 115
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: FOSTER, MALCOLM M.D.
Address: 1000 RIVERSIDE AVE., STE. 115
City-St-Zip: JACKSONVILLE, FL 32204

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /MALCOLM FOSTER/

P

01/16/2009

Electronic Signature of Signing Officer or Director

Date