2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: NORTHEAST FLORIDA MEDICAL SOCIETY, INCORPORATED

Current Principal Place of Business:

3160 WEST EDGEW00D AVENUE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 2270
JACKSONVILLE, FL 32202

New Mailing Address:

FEI Number: 59-3309555 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCINTOSH, CHARLES B M.D.
3160 WEST EDGEW00D AVENUE
JACKSONVILLE, FL 32209 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: PD
Name: CAIN, ROGERS
Address: 9390 LEM TURNER RD.
City-St-Zip: JACKSONVILLE, FL 32208

Title: SD
Name: MCINTOSH, CHARLES B M.D.
Address: 3160 WEST EDGEW00D AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: SYKES, REGINALD M.D.
Address: 3160 WEST EDGEWOOD AVE., N.
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD
Name: JONES, KENNETH M.D.
Address: 1004 EDGEWOOD AVE., W.
City-St-Zip: JACKSONVILLE, FL 32209

Title: DVP
Name: THOMPSON, SHELLY H M.D.
Address: 3160 WEST EDGEW00D AVENUE
City-St-Zip: JACKSONVILLE, FL 32209

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

SIGNATURE: ROGERS CAIN PD 04/29/2011

Electronic Signature of Signing Officer or Director — Date