
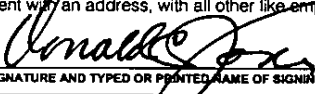


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90174 024 ****61.25

DOCUMENT # N01000000695					
1. Entity Name AACEPAC, INC.					
Principal Place of Business 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204			Mailing Address 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3701281	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JONES, DONALD C 1000 RIVERSIDE AVE SUITE 205 JACKSONVILLE, FL 32204			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELLMAN, RICHARD MD		NAME	HELLMAN, RICHARD MD	
STREET ADDRESS	2750 CLAY EDWARDS DR #210		STREET ADDRESS	2750 CLAY EDWARDS DR #210	
CITY-ST-ZIP	N. KANSAS CITY, MO 64116		CITY-ST-ZIP	N. KANSAS CITY, MO 64116	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, CARLOS R JR MD		NAME	HAMILTON, CARLOS R JR MD	
STREET ADDRESS	7000 FANIN STREET #1535		STREET ADDRESS	7000 FANIN STREET #1535	
CITY-ST-ZIP	HOUSTON, TX 77030		CITY-ST-ZIP	HOUSTON, TX 77030	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, BILL JR MD		NAME	PETAK, STEVEN M MD	
STREET ADDRESS	1450 DOWELL SPRINGS RD #300		STREET ADDRESS	7400 FANIN STREET #850	
CITY-ST-ZIP	KNOXVILLE, TN 37909		CITY-ST-ZIP	HOUSTON, TX 77054	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PETAK, STEVEN M MD		NAME	DUICK, DANIEL S MD	
STREET ADDRESS	7400 FANIN STREET #850		STREET ADDRESS	3522 N 3RD AVE	
CITY-ST-ZIP	HOUSTON, TX 77054		CITY-ST-ZIP	PHOENIX, AZ 85013	
TITLE	M	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, DONALD C		NAME		
STREET ADDRESS	1000 RIVERSIDE AVE SUITE 205		STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE, FL 32204		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETAK, STEVEN M MD		NAME		
STREET ADDRESS	7400 FANNIN STREET, SUITE 850		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77054		CITY-ST-ZIP		
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 617, 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: 			Donald C. Jones		03/27/2006 904-353-7878
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>