


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90023 042 ****61.25

DOCUMENT # N01000000695

1. Entity Name
AACEPAC, INC.



Principal Place of Business
243 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32204

Mailing Address
243 RIVERSIDE AVE
SUITE 200
JACKSONVILLE, FL 32204

60023133

2. Principal Place of Business - No P.O. Box #
245 Riverside Ave

3. Mailing Address
245 Riverside Ave

Suite, Apt. #, etc.
Suite 200

Suite, Apt. #, etc.
Suite 200

03112008 Chg-NP CR2E037 (12/06)

City & State
Jacksonville FL

City & State
Jacksonville FL

4. FEI Number
59-3701281

Applied For
 Not Applicable

Zip
32202-4933

Country
US

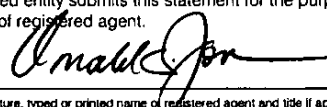
Zip
32202-4933

Country
US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JONES, DONALD C 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32204		Name Donald C Jones	
		Street Address (P.O. Box Number is Not Acceptable) 245 Riverside Ave, Suite 200	
		City Jacksonville	
		State FL	
		Zip Code 32202-4933	

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  **Donald C Jones** **03/27/2008**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$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	PD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HELLMAN, RICHARD MD			NAME	Richard Hellman		
STREET ADDRESS	2750 CLAY EDWARDS DR #210			STREET ADDRESS	2790 Clay Edwards Dr Suite 1250		
CITY-ST-ZIP	N. KANSAS CITY, MO 64116			CITY-ST-ZIP	North Kansas City MO 64116		
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAMILTON, CARLOS R JR MD			NAME	Carlos R. Hamilton		
STREET ADDRESS	7000 FANIN STREET #1535			STREET ADDRESS	7000 Fannin Street, Suite 1535		
CITY-ST-ZIP	HOUSTON, TX 77030			CITY-ST-ZIP	Houston TX 77030		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAW, BILL JR MD			NAME	Bill Law		
STREET ADDRESS	1450 DOWELL SPRINGS RD #300			STREET ADDRESS	1450 Dowell Springs Blvd Ste 300		
CITY-ST-ZIP	KNOXVILLE, TN 37909			CITY-ST-ZIP	Knoxville TN 37909-2445		
TITLE	VD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PETAK, STEVEN M MD			NAME	Steven M. Petak		
STREET ADDRESS	7400 FANIN STREET #850			STREET ADDRESS	7400 Fannin St Ste 850		
CITY-ST-ZIP	HOUSTON, TX 77054			CITY-ST-ZIP	Houston TX 77054-1951		
TITLE	M	<input type="checkbox"/> Delete		TITLE	M	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	JONES, DONALD C			NAME	Donald C Jones		
STREET ADDRESS	243 RIVERSIDE AVE #200			STREET ADDRESS	245 Riverside Ave, Suite 200		
CITY-ST-ZIP	JACKSONVILLE, FL 32202			CITY-ST-ZIP	Jacksonville FL 32202-4933		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DUICK, DANIEL S MD			NAME	Daniel S. Duick		
STREET ADDRESS	3522 N 3RD AVE			STREET ADDRESS	3522 N 3rd Ave		
CITY-ST-ZIP	PHOENIX, AZ 85013			CITY-ST-ZIP	Phoenix AZ 85013-3903		


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** **03/27/2008**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT #N01000000695 1. Entity Name AACEPAC, INC.			
Principal Place of Business 243 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32204		Mailing Address 243 RIVERSIDE AVE SUITE 200 JACKSONVILLE, FL 32204	
2. Principal Place of Business - No P.O. Box # 245 Riverside Ave		3. Mailing Address 245 Riverside Ave	
Suite, Apt. #, etc. Suite 200		Suite, Apt. #, etc. Suite 200	
City & State Jacksonville FL		City & State Jacksonville FL	
Zip 32202-4933	Country US	Zip 32202-4933	Country US
4. FEI Number 59-3701281		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, DONALD C 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32204		7. Name and Address of New Registered Agent Name Donald C Jones Street Address (P.O. Box Number is Not Acceptable) 245 Riverside Ave, Suite 200 City Jacksonville FL Zip Code 32202-4933	
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.</small>		_____ Donald C Jones 03/27/2008 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD HELLMAN, RICHARD MD <input type="checkbox"/> Delete 2750 CLAY EDWARDS DR #210 N. KANSAS CITY, MO 64116	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Donald A. Bergman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1199 Park Ave Suite 1F New York NY 10128-1713
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMILTON, CARLOS R JR MD <input type="checkbox"/> Delete 7000 FANIN STREET #1535 HOUSTON, TX 77030	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D J. M. González-Campoy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 880 Blue Gentian Road, Suite 150 Eagan MN 55122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAW, BILL JR MD <input type="checkbox"/> Delete 1450 DOWELL SPRINGS RD #300 KNOXVILLE, TN 37909	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John A. Seibel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 201 Cedar Street SE, Suite 502 Albuquerque NM 87106-4925
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETAK, STEVEN M MD <input type="checkbox"/> Delete 7400 FANIN STREET #850 HOUSTON, TX 77054	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jonathan D. Leffert <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9301 N. Central Expressway Suite 570 Dallas TX 75231-4412
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M JONES, DONALD C <input type="checkbox"/> Delete 243 RIVERSIDE AVE #200 JACKSONVILLE, FL 32202	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Sheldon S. Stoffer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 30055 Northwestern Hwy Ste 150 Farmington Hills MI 48334-3211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DUICK, DANIEL S MD <input type="checkbox"/> Delete 3522 N 3RD AVE PHOENIX, AZ 85013	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		_____ Donald C Jones 03/27/2008 <small>Date Daytime Phone #</small>	

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