

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004883

FILED
Jan 06, 2006
Secretary of State

Entity Name: NORTHEAST FLORIDA HEALTH SERVICES, INC.

Current Principal Place of Business:

114 VOLUSIA AVE.
PIERSON, FL 32180

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 527
PIERSON, FL 32180

New Mailing Address:

FEI Number: 55-0799729

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRIPPEN, WILLIAM O
325 N VOLUSIA AVE
ORANGE CITY, FL 32763 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: PCD () Delete
Name: CROSBY, SHANE
Address: 263 HIGHWAY 17
City-St-Zip: PIERSON, FL 32180

Title: WVCD () Delete
Name: BENNETT, HERBERT
Address: 439 N. PINE STREET
City-St-Zip: PIERSON, FL 321802387

Title: SD () Delete
Name: TYUS, MAX
Address: 307 EAST SECOND AVE.
City-St-Zip: PIERSON, FL 32180

Title: TD () Delete
Name: DIXON, LAMAR
Address: 272 W. WASHINGTON AVE.
City-St-Zip: PIERSON, FL 321802211

Title: D () Delete
Name: RAMOS, TONY
Address: 306 BLUE STREAM RD
City-St-Zip: DELAND, FL 32720

Title: D () Delete
Name: JOHNSON, NORD
Address: 2490 CADE FERNERY RD.
City-St-Zip: SEVILLE, FL 32190

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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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 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: WILLIAM O. CRIPPEN

ED

01/06/2006

Electronic Signature of Signing Officer or Director

Date