2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2007
Secretary of State

DOCUMENT# N02000004883

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:	VVCD	( ) 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:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: SHANE CROSBY PCD 03/09/2007

Electronic Signature of Signing Officer or Director — Date