

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004883

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA HEALTH SERVICES, INC.

**Current Principal Place of Business:**

114 N. 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 (X)**

**Name and Address of Current Registered Agent:**

WOOD, DEBORAH E.D.  
114 N. VOLUSIA AVENUE  
PIERSON, FL 32180 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: P/D ( ) Delete  
Name: MCBRIDE, H. STEWART  
Address: 114 N. VOLUSIA AVENUE  
City-St-Zip: PIERSON, FL 32180

Title: V/D ( ) Delete  
Name: BENNETT, HERBERT  
Address: 114 N. VOLUSIA AVENUE  
City-St-Zip: PIERSON, FL 32180

Title: S/D ( ) Delete  
Name: TYUS, MAX  
Address: 114 N. VOLUSIA AVENUE  
City-St-Zip: PIERSON, FL 32180

Title: T/D ( ) Delete  
Name: DIXON, LAMAR  
Address: 114 N. VOLUSIA AVENUE  
City-St-Zip: PIERSON, FL 32180

Title: E.D. ( ) Delete  
Name: WOOD, DEBORAH  
Address: 114 N. VOLUSIA AVENUE  
City-St-Zip: PIERSON, FL 32180

Title: D ( ) Delete  
Name: CORTES, CATHY  
Address: 114 N. VOLUSIA AVENUE  
City-St-Zip: PIERSON, FL 32180

**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 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: DEBORAH WOOD

E.D.

04/14/2009

Electronic Signature of Signing Officer or Director

Date