

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000004883

FILED
Apr 27, 2010
Secretary of State

Entity Name: NORTHEAST FLORIDA HEALTH SERVICES, INC.

Current Principal Place of Business:

214 N. FREDERICK STREET
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:

WILKES, KATHY J
216 N. FREDERICK STREET
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: S/D
Name: ELLIOTT, MAX
Address: 216 N. FREDERICK STREET
City-St-Zip: PIERSON, FL 32180

Title: V/D
Name: RAMOS, TONY
Address: 216 N. FREDERICK STREET
City-St-Zip: PIERSON, FL 32180

Title: P/D
Name: TYUS, MAX
Address: 216 N. FREDERICK STREET
City-St-Zip: PIERSON, FL 32180

Title: T/D
Name: DIXON, LAMAR
Address: 216 N. FREDERICK STREET
City-St-Zip: PIERSON, FL 32180

Title: CEO
Name: WILKES, KATHY
Address: 215 N. FREDERICK STREET
City-St-Zip: PIERSON, FL 32180

Title: D
Name: CORTES, CATHY
Address: 216 N. FREDERICK STREET
City-St-Zip: PIERSON, FL 32180

I hereby 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 all other like empowered.

SIGNATURE: KATHY WILKES

CEO

04/27/2010

Electronic Signature of Signing Officer or Director

Date