2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000006249

1. Entity Name NORTHEAST, FLORIDA MEDICAL ASSOCIATION, INC.



Principal Place of Business 9390 LEM TURNER ROAD

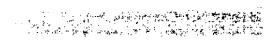
JACKSONVILLE, FL 32208

Mailing Address

9390 LEM TURNER ROAD

JÁCŘSONVILLE, FL 32208

FILED Mar 25, 2004 08:00 AM Secretary of State





03192004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 82-0562163 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

ROBERTS, ROBIN K 625 W. UNION STREET

JACKSONVILLE, FL 32202

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ö.	The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida.	I am familiar with, and accept
	the obligations of registered agent.	

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE. Registered Agent signature required when reinstating)

Filing Fee is \$61.25

9. Election Campaign Financing

\$5.00 May Be Added to Fees

| 100000<mark>09</mark>5976 | 03/25/04-80010-017 70.00

	Due by May 1, 2004	Trust Fund Contribution,
10,	10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR SYKES, REGINALD 3160 EDGEWOOD AVENUE WEST JACKSONVILLE, FL 3220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAIN, VRENDA T 13637 MARSH HARBOR DRIVE NOR JACKSONVILLE, FL 32225	тн
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC MCINTOSH, CHARLES B 3160 EDGEWOOD AVENUE WEST JACKSONVILLE, FL 32209	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CAIN, ROGERS 9390 LEM TURNER ROAD SUITE ON JACKSONVILLE, FL 32208	·· - · · -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR CAIN, BRENDA J 13637 MARSH HARBOR DRIVE NOR JACKSONVILLE, FL 32225	тн
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JONES, KENETH W 1004 EDGEWOOD AVENUE WEST JACKSONVILLE, FL 32208	
 12. Thereby 0 	certify that the information supplied with this fi	ling does not qualify for the exec

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I hereby certify that the Information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 cath; that I am an officer or director of the corporation or the receiver or indisee 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 aggless, with all office propowered.

Daytime Phone &