

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

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

DOCUMENT # N02000006249

1. Entity Name

NORTHEAST FLORIDA MEDICAL ASSOCIATION, INC.



Principal Place of Business

9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208

Mailing Address

9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208



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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROBERTS, ROBIN K
625 W. UNION STREET
2
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. 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. 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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

1100000095976
03/25/04-80010-017 70.00

10. OFFICERS AND DIRECTORS

TITLE	DIR
NAME	SYKES, REGINALD
STREET ADDRESS	3160 EDGEWOOD AVENUE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 3220
TITLE	DIR
NAME	CAIN, VREND A T
STREET ADDRESS	13637 MARSH HARBOR DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	SEC
NAME	MCINTOSH, CHARLES B
STREET ADDRESS	3160 EDGEWOOD AVENUE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	PRES
NAME	CAIN, ROGERS
STREET ADDRESS	9390 LEM TURNER ROAD SUITE ONE
CITY-ST-ZIP	JACKSONVILLE, FL 32208
TITLE	DIR
NAME	CAIN, BRENDA J
STREET ADDRESS	13637 MARSH HARBOR DRIVE NORTH
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	VP
NAME	JONES, KENETH W
STREET ADDRESS	1004 EDGEWOOD AVENUE WEST
CITY-ST-ZIP	JACKSONVILLE, FL 32208

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #