

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006249

FILED
Apr 29, 2008
Secretary of State

Entity Name: NORTHEAST FLORIDA MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9390 LEM TURNER ROAD
#2
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 82-0562163

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTS, ROBIN K
625 W. UNION STREET
2
JACKSONVILLE, FL 32202 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: DIR () Delete
Name: SYKES, REGINALD
Address: 3160 EDGEWOOD AVENUE WEST
City-St-Zip: JACKSONVILLE, FL 3220 US

Title: DIR () Delete
Name: CAIN, VREND A T
Address: 13637 MARSH HARBOR DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: SEC () Delete
Name: MCINTOSH, CHARLES B
Address: 3160 EDGEWOOD AVENUE WEST
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: PRES () Delete
Name: CAIN, ROGERS
Address: 9390 LEM TURNER ROAD SUITE ONE
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: DIR () Delete
Name: CAIN, BRENDA J
Address: 13637 MARSH HARBOR DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

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:

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: ROGERS CAIN

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date