2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N02000006249

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, VRENDA 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 04/26/2009

Electronic Signature of Signing Officer or Director — Date