2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
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
9526 ARGYLE FOREST BLVD
SUITE B2 #135
JACKSONVILLE, FL 32222 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
Name: SYKES, REGINALD
Address: 3160 EDGEWOOD AVENUE WEST
City-St-Zip: JACKSONVILLE, FL 3220 US

Title: DIR
Name: CAIN, VRENDA T
Address: 13637 MARSH HARBOR DRIVE NORTH
City-St-Zip: JACKSONVILLE, FL 32225 US

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

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

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

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: ROGERS CAIN DIR 04/10/2012

Electronic Signature of Signing Officer or Director — Date