2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2010
Secretary of State

DOCUMENT# N03000003012

Entity Name: JAXCARE, INC.

Current Principal Place of Business:

580 WEST 8TH
TOWER II, 9TH FLOOR
JACKSONVILLE, FL 32209

New Principal Place of Business:

655 WEST 8TH AVENUE
JACKSONVILLE, FL 32209

Current Mailing Address:

580 WEST 8TH
TOWER II, 9TH FLOOR
JACKSONVILLE, FL 32209

New Mailing Address:

655 WEST 8TH AVENUE
JACKSONVILLE, FL 32209

FEI Number: 03-0515874 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: DCP
Name: BURKHART, JIM
Address: 655 WEST 8TH AVE
City-St-Zip: JACKSONVILLE, FL 32209

Title: DST
Name: CURRAN, DAN
Address: 655 WEST 8TH AVE
City-St-Zip: JACKSONVILLE, FL 32209

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: JIM BURKHART DCP 02/12/2010

Electronic Signature of Signing Officer or Director — Date