2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007
Secretary of State

DOCUMENT# N04000002937

Entity Name: JACKSONVILLE PROVIDERS' NETWORK, INC.

Current Principal Place of Business:

3697 MINDY ASHLEY LANE
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 351093
JACKSONVILLE, FL 322351093 US

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELONEY, JUANZEN K JR
3697 MINDY ASHLEY LANE
JACKSONVILLE, FL 32218 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: CVST ( ) Delete
Name: DELONEY, JUANZEN K JR
Address: 3697 MINDY ASHLEY LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: P ( ) Delete
Name: MANNING, TONDALIA
Address: 423 E 44TH ST
City-St-Zip: JACKSONVILLE, FL 32208 US

Title: D ( ) Delete
Name: MANNING, TORREY
Address: 423 E 44TH ST
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: DELONEY, SHEILA
Address: 3697 MINDY ASHLEY LANE
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: D ( ) Delete
Name: JOHNSON, MELVIN
Address: 1743 DAYTONA LN
City-St-Zip: JACKSONVILLE, FL 32218

Title: D ( ) Delete
Name: JOHNSON, MELISCIA
Address: 1743 DAYTONA LN
City-St-Zip: JACKSONVILLE, FL 32218

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANZEN K DELONEY JR CVST 04/13/2007
Electronic Signature of Signing Officer or Director — Date