2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# N04000003558

Entity Name: NORTHEAST FLORIDA HEALTHCARE INSTITUTE, INC.

Current Principal Place of Business:

3160 WEST EDGEWOOD AVENUE
JACKSONVILLE, FL 32209

New Principal Place of Business:

9390 LEM TURNER ROAD
SUITE TWO
JACKSONVILLE, FL 32208

Current Mailing Address:

3160 WEST EDGEWOOD AVENUE
JACKSONVILLE, FL 32209

New Mailing Address:

9390 LEM TURNER ROAD
SUITE TWO
JACKSONVILLE, FL 32208

FEI Number: 20-0968235 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERTS, ROBIN ESQ
625 WEST UNION STREET
SUITE 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: P ( ) Delete
Name: CAIN, ROGERS
Address: 9390 LEM TURNER ROAD SUITE ONE
City-St-Zip: JACKSONVILLE, FL 32208

Title: VP ( ) Delete
Name: JONES, KENNETH W
Address: 1004 EDGEWOOD AVENUE WEST
City-St-Zip: JACKSONVILLE, FL 32208

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

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 P 04/29/2005
Electronic Signature of Signing Officer or Director — Date