

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003558

FILED
Apr 29, 2011
Secretary of State

Entity Name: NORTHEAST FLORIDA HEALTHCARE INSTITUTE, INC.

Current Principal Place of Business:

9390 LEM TURNER ROAD
SUITE TWO
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

9390 LEM TURNER ROAD
SUITE TWO
JACKSONVILLE, FL 32208

New Mailing Address:

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

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 MD

P

04/29/2011

Electronic Signature of Signing Officer or Director

Date