

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000004819

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** NORTHEAST FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202

**New Principal Place of Business:**

**Current Mailing Address:**

501 RIVERSIDE AVENUE  
SUITE 800  
JACKSONVILLE, FL 32202

**New Mailing Address:**

**FEI Number:** 20-1209856      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONG, BEVERLY S  
3599 UNIVERSITY BLVD S  
BLDG 300  
JACKSONVILLE, FL 32216 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: RICHMOND, BARBARA  
Address: 3316 3RD STREET S, SUITE 103  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: PP ( ) Delete  
Name: IVEY, JANICE  
Address: 1400 PRUDENTIAL DRIVE, SUITE 3  
City-St-Zip: JACKSONVILLE, FL 32207

Title: 1VP ( ) Delete  
Name: JARNUTOWSKI, LOREE  
Address: 103 B SOLANA ROAD  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VP ( ) Delete  
Name: MILLS, SHERRY  
Address: 836 PRUDENTIAL DR., SUTIE 1107  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S ( ) Delete  
Name: HELM, VICKIE  
Address: 2140 KINGSLEY AVE, SUITE 14  
City-St-Zip: JACKSONVILLE, FL 32073

Title: T ( ) Delete  
Name: LONG, BEVERLY S  
Address: 3599 UNIVERSITY BLVD. STE 300  
City-St-Zip: JACKSONVILLE, FL 32216

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MILLS, SHERRY  
Address: 836 PRUDENTIAL DR. SUITE 1107  
City-St-Zip: JACKSONVILLE, FL 32207

Title: PP (X) Change ( ) Addition  
Name: RICHMOND, BARBARA  
Address: 3316 3RD STREETS, SUITE103  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: 1VP (X) Change ( ) Addition  
Name: OUTLAW, JENNIE  
Address: 7901 BAYMEADOWS CIRLE E. APT 349  
City-St-Zip: JACKSONVILLE, FL 32256

Title: 2VP (X) Change ( ) Addition  
Name: GOSHORN, MICHELLE  
Address: 836 PRUDENTIAL DR., SUTIE 1006  
City-St-Zip: JACKSONVILLE, FL 32207

Title: S (X) Change ( ) Addition  
Name: KRAMER, LORI  
Address: 2345 FORBES STREET  
City-St-Zip: JACKSONVILLE, FL 32207

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

I hereby certify that the information supplied with this filing does not qualify 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: BEVERLY S LONG

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

T

04/07/2009

\_\_\_\_\_ Date