

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007592

FILED
Apr 12, 2006
Secretary of State

Entity Name: A-1 HEALTHCARE OF JACKSONVILLE, INC.

Current Principal Place of Business:

3323 MARTHA STREET
JACKSONVILLE, FL 32209

New Principal Place of Business:

8193 HOT SPRINGS DRIVE
JACKSONVILLE, FL 32244

Current Mailing Address:

3323 MARTHA STREET
JACKSONVILLE, FL 32209

New Mailing Address:

8193 HOT SPRINGS DRIVE
JACKSONVILLE, FL 32244

FEI Number: 42-1640390

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, JANICE
3323 MARTHA STREET
JACKSONVILLE, FL 32209 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: WILSON, PAULETTE
Address: 3034 IMPERIAL STREET
City-St-Zip: JACKSONVILLE, FL 32254

Title: V () Delete
Name: TURNER, RAYNELL
Address: 1017 TURTLE CREEK DR S
City-St-Zip: JACKSONVILLE, FL 32218

Title: S () Delete
Name: FELTON, FELICIA
Address: 2401 JAMMES RD APT 8
City-St-Zip: JACKSONVILLE, FL 32210

Title: T () Delete
Name: SIMMONS, NICOLE
Address: 1214 LABELLE STREET #263
City-St-Zip: JACKSONVILLE, FL 32205

Title: C () Delete
Name: BEAN, BETTY
Address: 3541 OLEANDER STREET
City-St-Zip: JACKSONVILLE, FL 32254

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:

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: JANICE WILLIAMS

DIR

04/12/2006

Electronic Signature of Signing Officer or Director

Date