

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007592

FILED
Jun 21, 2009
Secretary of State

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

Current Principal Place of Business:

5560-5 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5560-5 TIMUQUANA ROAD
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 42-1640390 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, JANICE
8193 HOT SPRINGS DR. SOUTH
JACKSONVILLE, FL 32244 US

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: BROWN, CECILY
Address: 9296 PROSPERITY LAKE DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

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

Title: S () Delete
Name: WILSON, PAULETTE
Address: 3634 IMPERIAL STREET
City-St-Zip: JACKSONVILLE, FL 32208

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

Title: C () Delete
Name: WILCOXON, TAWANA
Address: 6962 DEER ISLAND RD
City-St-Zip: JAX, FL 32244

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 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 VERNETTEWILLIAMS

OWNE

06/21/2009

Electronic Signature of Signing Officer or Director

Date