

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N05000007592

**FILED**  
**Jul 15, 2013**  
**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:** 27-3915143

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, JANICE  
8193 HOT SPRINGS DR. SOUTH  
JACKSONVILLE, FL 32244 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:** JANICE V WILLIAMS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** WILLIAMS, JANICE  
**Address:** 6962 DEER ISLAND RD.  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** V  
**Name:** WILLIAMS, MARY C  
**Address:** 6962 DEER ISLAND RD  
**City-St-Zip:** JACKSONVILLE, FL 32244

**Title:** S  
**Name:** TURNER, RAYNELL  
**Address:** 1017 TURTLEREEK DR. SOUTH  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** T  
**Name:** WILLIAMS, SAMUEL  
**Address:** 4848 FREDRICKBURG AVENUE  
**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:** JANICE V WILLIAMS

PRES

07/15/2013

Electronic Signature of Signing Officer or Director

Date