-2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 11, 2008 8:00 am Secretary of State

DOCUMENT # N050000 1. Entity Name "NORTH FLORIDA PARKINSON A INC."			04-11-2008 90032 037 ****61.25		
Principal Place of Business P.O.BOX 14722 TALLAHASSEE, FL 32317-4722	Mailing Address P.O.BOX 14722 TALLAHASSEE, FL 323	317-4722	,	N	
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	<u></u>			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01182008 Chg-NP CR2E037 (12/06)		
City & State	City & State		4. FEI Number Applied For 74-3154511 Not Applied		
Zip Country	Ζiρ	Country	5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Curr	ent Registered Agent	·	7. Name and Address of New Registered Agent		
MCCOY, RANDY		Name 7	Patricia Hunt		
3718 CORINTH DR			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32308			21 Augustwood LANG		
		City	FL Zip Code		
The above named entity submits this statement	nt for the purpose of changing its	registered office or regis	Stered agent, or both, in the State of Florida. I am familiar with, and accident	cent	
the obligations of registered agent.			_	·	
SIGNATURE Signature, typed or printed name of registered a	gent and title il applicable. (NOTI	E: Registered Agent signature requ	+ Acting Prosident 4/9/08 uredwhen reinstating) DATE	۶	
		mpaign Financing	\$5.00 May Be Added to Fees Florida Department of State	<u>~</u>	
Filing Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND	, 9. Election Car Trust Fund C	mpaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	<i>S</i>	
Signature, typed or printed name of registered a Filling Fee is \$61.25 Due by May 1, 2008 10. OFFICERS AND TITLE PRES	, 9. Election Car Trust Fund C	mpaign Financing Contribution. 11. 11TLE	\$5.00 May Be Added to Fees Make check payable to Florida Department of State	dilion	
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indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Taticia Heart Pitricia

4/9/08

850-219-4470