2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# N06000000159

Entity Name: ADULT CYSTIC FIBROSIS FOUNDATION OF JACKSONVILLE, INC.

Current Principal Place of Business:

425 LEE STREET
SUITE 202
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

425 LEE STREET
SUITE 202
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-4055796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FISHER, TOUSEY, LEAS & BALL, P.A.
818 NORTH A1A - SUITE 104
PONTE VEDRA BEACH, FL 32082 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: PD ( ) Delete
Name: MALANGA, ANTHONY M.D.
Address: 425 LEE STREET, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32204

Title: VPD ( ) Delete
Name: ROTHSTEIN, MITCHELL S M.D.
Address: 425 LEE STREET, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32204

Title: SD ( ) Delete
Name: GLOGER, VICKI-LYNNE
Address: 425 LEE STREET, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete
Name: DESALES, SISTER
Address: 1800 BARRS STREET
City-St-Zip: JACKSONVILLE, FL 32204

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:

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: ANTHONY L. MALANGA, M.D. PD 04/15/2009

Electronic Signature of Signing Officer or Director — Date