2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2012
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:

WETMORE, RONNI AW RN, MS
LAVILLA MEDICAL BLVD.
STE 202, 425 N. LEE ST
JACKSONVILLE, FL 32204 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
Name: ROTHSTEIN, MITCHELL S M.D.
Address: 425 LEE STREET, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32204

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: RONNI AW WETMORE RN, 01/05/2012

Electronic Signature of Signing Officer or Director — Date