

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000000249

FILED
Jun 30, 2011
Secretary of State

Entity Name: ASSOCIATION OF NON-MEDICAL PROVIDERS, INC.

Current Principal Place of Business:

1225 W. BEAVER STREET
SUITE 203
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1225 W. BEAVER STREET
SUITE 203
JACKSONVILLE, FL 32204

New Mailing Address:

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

Name and Address of Current Registered Agent:

BRANSON, ANNIE
1225 W. BEAVER STREET
SUITE 203
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: BRANSON, ANNIE
Address: 1225 W. BEAVER STREET #203
City-St-Zip: JACKSONVILLE, FL 32204

Title: VD
Name: SUMES, CHRISTINE
Address: POST OFFICE BOX 77073
City-St-Zip: JACKSONVILLE, FL 32226

Title: TD
Name: COBB, STEPHANIE
Address: 4896 TOPROYAL LANE
City-St-Zip: JACKSONVILLE, FL 32277

Title: SD
Name: PANDY, BELLISSIA
Address: 1010 EAST ADAMS STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D
Name: THOMAS, MATTIE
Address: 2220 BEL VEDERE STREET
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: ANNIE BRANSON

PRES

06/30/2011

Electronic Signature of Signing Officer or Director

Date