

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000008765

FILED
Apr 10, 2012
Secretary of State

Entity Name: HAPANEF, INC.

Current Principal Place of Business:

5851 TIMUQUANA RD
303
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

5851 TIMUQUANA RD
303
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 45-3269295

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHEL, ERNST B
5851 TIMUQUANA RD
303
JACKSONVILLE, FL 32210 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: P
Name: MICHEL, ERNST B
Address: 5851 TIMUQUANA RD 303
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP
Name: REID, RAYMOND
Address: ONE INDEPENDENT DR SUITE 1900
City-St-Zip: JACKSONVILLE, FL 32202

Title: TRES
Name: VILVAR, SERGE MD
Address: 4160 UNIVERSITY BOULEVARD SOUTH
City-St-Zip: JACKSONVILLE, FL 32207

Title: SEC
Name: DUREUS, PAUL MD
Address: 5851 TIMUQUANA RD 303
City-St-Zip: JACKSONVILLE, FL 32210

Title: M
Name: ALEGER, VORBES MD
Address: 1200 RIVERPLACE BLVD,
City-St-Zip: JACKSONVILLE, FL 32207

Title: M
Name: DUNCAN, HARELLE MD
Address: 655 W 8TH ST
City-St-Zip: JACKSONVILLE, FL 32209

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: ERNSTBMICHEL

PRES

04/10/2012

Electronic Signature of Signing Officer or Director

Date