2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2010
Secretary of State

DOCUMENT# N23529

Entity Name: FACULTY CLINIC, INC.

Current Principal Place of Business:

653 W 8TH ST
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 44008
JACKSONVILLE, FL 32231

New Mailing Address:

FEI Number: 59-2856153 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FRASHUER, NANCY D
653 W 8TH ST
JACKSONVILLE, FL 32209 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: TD
Name: FRASHUER, NANCY D
Address: 653 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: CD
Name: NUSS, ROBERT C
Address: 653 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: GLEASON, MIKE
Address: 655 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: BURKHART, JAMES
Address: 655 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: GUY, BENRUBI M.D.
Address: 653 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D
Name: CANIFF, CHARLES
Address: 655 W. 8TH STREET
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: NANCY FRASHUER CEO 03/01/2010

Electronic Signature of Signing Officer or Director — Date