2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: NORTHEAST FLORIDA AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

1107 MYRA STREET
SUITE 250
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

1107 MYRA STREET
SUITE 250
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 59-3200731 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RICHARDSON, BARBARA PHD
2750 NW 43RD ST
SUITE 102
GAINESVILLE, FL 32606 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: BUSHY, ANGELINE
Address: 1200 INTERNATIONAL SPDWAY BLVD
City-St-Zip: DAYTONA BEACH, FL 32114

Title: V
Name: ZENNI, ELISA A
Address: 653-1 WEST 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: T
Name: FISHER, TAD P
Address: 4479 HARBOUR NORTH COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: D
Name: CROZIER, JOE
Address: 1107 MYRA ST., STE. 250
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: JOE CROZIER D 03/21/2011

Electronic Signature of Signing Officer or Director — Date