

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002644

FILED  
Apr 02, 2012  
Secretary of State

**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 SPDRWAY 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: POWELL, ANDREU L  
Address: 86207 FELMOR ROAD  
City-St-Zip: YULEE, FL 32097

Title: D  
Name: ORTIZ, CLARISSA J  
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: CLARISSA JH ORTIZ

D

04/02/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date