2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N93000002644

Oct 07, 2013 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1107 MYRA STREET SUITE 250 JACKSONVILLE, FL 32204

New Mailing Address: Current Mailing Address:

1107 MYRA STREET SUITE 250 JACKSONVILLE, FL 32204

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RICHARDSON, BARBARA PHD 2750 NW 43RD ST SUITE 102 GAINESVILLE, FL 32606 US

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: BARBARA RICHARDSON

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

BUSHY, ANGELINE Name:

Address: 1200 INTERNATIONAL SPDWAY BLVD

City-St-Zip: DAYTONA BEACH, FL 32114

Title:

Name: ZENNI, ELISA A

Address: 653-1 WEST 8TH STREET City-St-Zip: JACKSONVILLE, FL 32209

Title:

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

Title:

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 ORTIZ D 10/07/2013