2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# N98000001729

Entity Name: ADVANCED HEALTH CARE PROFESSIONALS FOUNDATION, INCORPORATED

Current Principal Place of Business:

7381 JOHN F. KENNEDY DR. EAST
JACKSONVILLE, FL 32219

New Principal Place of Business:

Current Mailing Address:

7381 JOHN F. KENNEDY DR. EAST
JACKSONVILLE, FL 32219

New Mailing Address:

FEI Number: 59-3516262 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AUSTIN, JANICE
7381 JOHN F. KENNEDY DR. EAST
JACKSONVILLE, FL 32219 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: SD ( ) Delete
Name: FELDER, PATRICIA
Address: 1400 SECRETARIAT LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD ( ) Delete
Name: WASHINGTON, GLENDA
Address: 5592 NORWOOD AVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: PD ( ) Delete
Name: LAURAY, WILMA
Address: P O BOX 9536 N/A
City-St-Zip: JACKSONVILLE, FL 32208

Title: D ( ) Delete
Name: CAIN, ROGER DR
Address: 3000 DUNN AVE #7C
City-St-Zip: JACKSONVILLE, FL 32218

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LAURAY,WILMA PRES 04/16/2009

Electronic Signature of Signing Officer or Director — Date