

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001729

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**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:**

5704 MAHALIA DRIVE  
JACKSONVILLE, FL 32209

**Current Mailing Address:**

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

**New Mailing Address:**

5704 MAHALIA DRIVE  
JACKSONVILLE, FL 32209

**FEI Number:** 59-3516262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

AUSTIN, CHARLENE L  
5704 MAHALIA DRIVE  
JACKSONVILLE, FL 32209 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: CHARLENE L AUSTIN

01/04/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: FELDER, PATRICIA  
Address: 1400 SECRETARIAT LANE SOUTH  
City-St-Zip: JACKSONVILLE, FL 32218

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

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

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

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: CHARLENE L.AUSTIN

RA

01/04/2010

Electronic Signature of Signing Officer or Director

Date