2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

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Entity Name: ADVANCED HEALTH CARE PROFESSIONALS FOUNDATION, INCORPORATED

Current Principal Place of Business:

5704 MAHALIA DRIVE
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

5704 MAHALIA DRIVE
JACKSONVILLE, FL 32209

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, CHARLENE L
5704 MAHALIA DRIVE
JACKSONVILLE, FL 32209 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
Name: FELDER, PATRICIA
Address: 1400 SECRETARIAT LANE SOUTH
City-St-Zip: JACKSONVILLE, FL 32218

Title: VD
Name: AUSTIN, LARAE
Address: 2611 AUBREY 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 CEO 03/30/2011

Electronic Signature of Signing Officer or Director — Date