

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000001729

**FILED**  
**Jan 12, 2012**  
**Secretary of State**

**Entity Name:** ADVANCED HEALTH CARE PROFESSIONALS FOUNDATION, INCORPORATED

**Current Principal Place of Business:**

5704 MAHALIA DRIVE  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

5704 MAHALIA DRIVE  
JACKSONVILLE, FL 32209 UN

**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

01/12/2012

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

\_\_\_\_\_  
Date