

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001256

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: FLORIDA PLASTIPAC, INC.

## Current Principal Place of Business:

1945 LANE AVE S  
#5  
JACKSONVILLE, FL 32210

## New Principal Place of Business:

5911 HICKS RD  
JACKSONVILLE, FL 32244

## Current Mailing Address:

PO BOX 7040  
JACKSONVILLE, FL 32238

## New Mailing Address:

PO BOX 441745  
JACKSONVILLE, FL 32222

FEI Number: 59-3562040

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CALLAHAN, WANDA  
1945 LANE AVE S  
#5  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

CALLAHAN, WANDA  
5911 HICKS RD  
JACKSONVILLE, FL 32244 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:

04/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: TD ( ) Delete  
Name: BARNAVON, YOAV M.D.  
Address: 1150 NORTH 35TH AVE STE 550  
City-St-Zip: HOLLYWOOD, FL 33021

Title: SD ( ) Delete  
Name: GARCIA, ONALIO JR., MD  
Address: 7100 W. 20TH AVE. STE 110  
City-St-Zip: HIALEAH, FL 33016

Title: DVP ( ) Delete  
Name: JOHNSTON, DEAN J M.D.  
Address: 4106 W. LAKE MARY BLVD. SUITE 212  
City-St-Zip: LAKE MARY, FL 327463344

Title: PD ( ) Delete  
Name: LURIA, L. WILLIAM MD  
Address: 2727 W. M.L. KING JR. BLVD. #500  
City-St-Zip: TAMPA, FL 33607

Title: M ( ) Delete  
Name: CALLAHAN, WANDA L  
Address: 1945 LANE AVE., S. #5  
City-St-Zip: JACKSONVILLE, FL 32210

Title: M ( ) Delete  
Name: LYVERS, SHANNON M  
Address: 1945 LANE AVE S #5  
City-St-Zip: JACKSONVILLE, FL 32210

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: SD (X) Change ( ) Addition  
Name: GARCIA, ONELIO JR., MD  
Address: 3850 BIRD RD  
City-St-Zip: MIAMI, FL 33146

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

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

Title: M (X) Change ( ) Addition  
Name: CALLAHAN, WANDA L  
Address: 5911 HICKS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: M (X) Change ( ) Addition  
Name: LYVERS, SHANNON M  
Address: 5911 HICKS RD  
City-St-Zip: JACKSONVILLE, FL 32244

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: SHANNON LYVERS

M

04/30/2009

Electronic Signature of Signing Officer or Director

Date