

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001256

FILED  
Feb 16, 2010  
Secretary of State

**Entity Name:** FLORIDA PLASTIPAC, INC.

**Current Principal Place of Business:**

5911 HICKS RD  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 441745  
JACKSONVILLE, FL 32222

**New Mailing Address:**

**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  
5911 HICKS RD  
JACKSONVILLE, FL 32244 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: TD  
Name: BARNAVON, YOAV M.D.  
Address: 1150 NORTH 35TH AVE STE 550  
City-St-Zip: HOLLYWOOD, FL 33021

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

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

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

Title: M  
Name: CALLAHAN, WANDA L  
Address: 5911 HICKS RD  
City-St-Zip: JACKSONVILLE, FL 32244

Title: M  
Name: LYVERS, SHANNON M  
Address: 5911 HICKS RD  
City-St-Zip: JACKSONVILLE, FL 32244

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: SHANNON LYVERS

M

02/16/2010

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

\_\_\_\_\_  
Date