

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000001256

FILED
Mar 15, 2011
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 M LYVERS

M

03/15/2011

Electronic Signature of Signing Officer or Director

Date