

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005808

FILED
Feb 21, 2006
Secretary of State

Entity Name: COMMUNITY ASTHMA PARTNERSHIP-JACKSONVILLE, INC.

Current Principal Place of Business:

4909 LANNIE ROAD
B
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

4909 LANNIE ROAD
B
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 59-3603068

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORBETT, JEANNE A CMP
4909 LANNIE RD STE B
JACKSONVILLE, FL 32218 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: P () Delete
Name: SUDHIR, PRABHU L MD
Address: 4123 UNIVERSITY BLVD STE B
City-St-Zip: JACKSONVILLE, FL 32216

Title: D () Delete
Name: TRUNER, LYNN RRT
Address: 1325 SAN MARCO BLVD STE 502
City-St-Zip: JACKSONVILLE, FL 32207

Title: D () Delete
Name: TORBETT, JEANNE CMP
Address: 4909 LANNITE RD STE B
City-St-Zip: JACKSONVILLE, FL 32218

Title: TD () Delete
Name: GOTTLIEB, MELVIN
Address: 3028 FOREST CIRCLE
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JEANNE TORBETT, CMP

D

02/21/2006

Electronic Signature of Signing Officer or Director

Date