

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90089 024 ***150.00

DOCUMENT # P00000076418

1. Entity Name
MOMENTUM HEALTHCARE, INC.



Principal Place of Business
**3740 ST JOHNS BLUFF RD.
SUITE 10
JACKSONVILLE, FL 32224 US**

Mailing Address
**PO BOX 19425
JACKSONVILLE, FL 32245 US**

40003803



01042007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
2030 Southside Blvd.

3. Mailing Address
P.O. Box 19425

Suite, Apt. #, etc.
Suite 2

Suite, Apt. #, etc.

City & State
Jacksonville, FL

City & State
Jacksonville, FL

4. FEI Number
59-3665808

Applied For
Not Applicable

Zip
32216

Country
USA

Zip
32245

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROBINSON, RICK
3740 ST JOHNS BLUFF RD.
SUITE 10
JACKSONVILLE, FL 32224**

7. Name and Address of New Registered Agent

Name
RICK ROBINSON
Street Address (P.O. Box Number is Not Acceptable)
2030-2 SOUTHSIDE BLVD.
City
JACKSONVILLE FL Zip Code
32216

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ALBERT, JERRY G
1415 BIG TREE LANE
NEPTUNE BEACH, FL 32226** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ROBINSON, RICK H
PO BOX 1132
MACCLENNEY, FL 32063** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILTSHIRE, LINDA K
27 MACKERAL ST.
PONTE VEDRA BEACH, FL 32082** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/07 Date
904-724-6700 Daytime Phone #