2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# P00000105133

Entity Name: NORTHEAST FLORIDA PRIMARY CARE CLINIC, INC.

Current Principal Place of Business:

4 OFFICE PARK DRIVE
SUITE 4
PALM COAST, FL 32137

New Principal Place of Business:

1540-C BUSINESS CENTER DRIVE
ORANGE PARK, FL 32003

Current Mailing Address:

4 OFFICE PARK DRIVE
SUITE 4
PALM COAST, FL 32137

New Mailing Address:

1540-C BUSINESS CENTER DRIVE
ORANGE PARK, FL 32003

FEI Number: 59-3680790 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARDS PULWERS, JACK JR
2846 ADMIRALS WALK DR
ORANGE PARK, FL 320730000 US

Name and Address of New Registered Agent:

PULWERS, JACK E JR
2846 ADMIRALS WALK DR
ORANGE PARK, FL 320730000 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: JACK E PULWERS,JR 04/30/2006
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: EDWARDS PULWER, JACK JR
Address: 2846 ADMIRALS WALK DR
City-St-Zip: ORANGE PARK, FL 320730000

Title: VST ( ) Delete
Name: PULWERS, PATRICIA
Address: 2846 ADMIRALS WALK DR
City-St-Zip: ORANGE PARK, FL 320730000

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PULWERS, JACK E JR
Address: 2846 ADMIRALS WALK DR
City-St-Zip: ORANGE PARK, FL 320730000

Title: VST (X) Change ( ) Addition
Name: PULWERS, PATRICIA J
Address: 2846 ADMIRALS WALK DR
City-St-Zip: ORANGE PARK, FL 320730000

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA J PULWERS VST 04/30/2006
Electronic Signature of Signing Officer or Director Date