

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000043762

Entity Name: MDD OF JAX BEACH, INC.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1709 SEABREEZE AVE.  
JACKSONVILLE BCH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

1709 SEABREEZE AVE.  
JACKSONVILLE BCH, FL 32250

**New Mailing Address:**

FEI Number: 01-0722119

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROSE, MARIE  
1709 SEABREEZE AVE.  
JACKSONVILLE BCH, FL 32250 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: PD  
Name: ROSE, MARIE  
Address: 1709 SEABREEZE AVE.  
City-St-Zip: JACKSONVILLE BCH, FL 32250

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

SIGNATURE: MARIE ROSE

PD

03/21/2011

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

\_\_\_\_\_  
Date