

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074344

FILED
Mar 24, 2006
Secretary of State

Entity Name: JACKSONVILLE INSTITUTE OF FAMILY CARE, P.A.

Current Principal Place of Business:

4745 SUTTON PARK COURT
SUITE 801
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

4745 SUTTON PARK COURT
SUITE 801
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 33-1009532 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSA, HEBER J MD
4745 SUTTON PARK COURT
STE. 801
JACKSONVILLE, FL 32224 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: ROSA, HEBER MD
Address: 4745 SUTTON PARK COURT, SUITE 801
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: HEBER J ROSA, MD

P/D

03/24/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date