

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000074344

**FILED**  
**Apr 21, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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: HEBER ROSA, M.D.

P/D

04/21/2011

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

\_\_\_\_\_ Date