

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 31 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07092008 Chg-P CR2E034 (12/06)

4. FEI Number
20-1196181

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME CLARK, ROLANDO
STREET ADDRESS 1000 PARK FORTY PLAZA, STE 500
CITY-ST-ZIP DURHAM, NC 27713

TITLE TCFO ☒ Delete
NAME DDUTHITT, JAMES M
STREET ADDRESS 1000 PARK FORTY PLAZA SUITE 500
CITY-ST-ZIP DURHAM, NC 27713

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President, Treasurer ☐ Change ☒ Addition
NAME Michael Pinell, MD
STREET ADDRESS 6400 Atlantic Blvd / Jacksonville FL 32211

TITLE Secretary ☐ Change ☒ Addition
NAME Joel P. McMains
STREET ADDRESS 6400 Atlantic Blvd / Jacksonville FL 32211

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

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

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:

Joel P. McMains

Joel P. McMains, Secretary

904-805-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #