

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117325

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: TRAVEL CLINIC JACKSONVILLE, INC.

## Current Principal Place of Business:

1842 HICKMAN RD  
JACKSONVILLE, FL 32216

## New Principal Place of Business:

6800 SOUTHPOINT PKWY  
SUITE 200  
JACKSONVILLE, FL 32216

## Current Mailing Address:

1842 HICKMAN RD  
JACKSONVILLE, FL 32216

## New Mailing Address:

6800 SOUTHPOINT PKWY  
SUITE 200  
JACKSONVILLE, FL 32216

FEI Number: 20-1483997

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, WENDELL H JR  
1842 HICKMAN RD  
JACKSONVILLE, FL 32216 US

## Name and Address of New Registered Agent:

WILLIAMS, WENDELL H JR  
6800 SOUTHPOINT PKWY  
SUITE 200  
JACKSONVILLE, FL 32216 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: EYE, EARL H JR  
Address: 1842 HICKMAN RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: COLEY, P ANDREW JR  
Address: 1842 HICKMAN RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: WILLIAMS, WENDELL H JR  
Address: 1842 HICKMAN RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: SCHOONOVER, GEORGE A  
Address: 1842 HICKMAN RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D ( ) Delete  
Name: TARULLI, ELLEN RN  
Address: 1842 HICKMAN RD  
City-St-Zip: JACKSONVILLE, FL 32216

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: EYE, EARL H JR  
Address: 6800 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: COLEY, P ANDREW JR  
Address: 6800 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: WILLIAMS, WENDELL H JR  
Address: 6800 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: SCHOONOVER, GEORGE A  
Address: 6800 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D (X) Change ( ) Addition  
Name: TARULLI, ELLEN RN  
Address: 6800 SOUTHPOINT PKWY  
City-St-Zip: JACKSONVILLE, FL 32216

I hereby certify that the information supplied with this filing does not qualify 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: WENDELL H WILLIAMS, MD

MD

03/24/2009

Electronic Signature of Signing Officer or Director

Date