

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000117325

FILED
Apr 16, 2010
Secretary of State

Entity Name: TRAVEL CLINIC JACKSONVILLE, INC.

Current Principal Place of Business:

6800 SOUTHPOINT PKWY
SUITE 200
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

6800 SOUTHPOINT PKWY
SUITE 200
JACKSONVILLE, FL 32216

New Mailing Address:

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
6800 SOUTHPOINT PKWY
SUITE 200
JACKSONVILLE, FL 32216 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: D
Name: EYE, EARL H JR
Address: 6800 SOUTHPOINT PKWY
City-St-Zip: JACKSONVILLE, FL 32216

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

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

Title: D
Name: SCHOONOVER, GEORGE A
Address: 6800 SOUTHPOINT PKWY
City-St-Zip: JACKSONVILLE, FL 32216

Title: D
Name: TARULLI, ELLEN RN
Address: 6800 SOUTHPOINT PKWY
City-St-Zip: JACKSONVILLE, FL 32216

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: WENDELL H. WILLIAMS JR., M.D.

DIR

04/16/2010

Electronic Signature of Signing Officer or Director

Date