2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# P04000165744

Entity Name: HEALTH WORLD OF NORTH FLORIDA, INC.

Current Principal Place of Business:

13767 DANFORTH DRIVE SOUTH
JACKSONVILLE, FL 32224

New Principal Place of Business:

Current Mailing Address:

13767 DANFORTH DRIVE SOUTH
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CRAWFORD, JOHN R
1200 RIVERPLACE BOULEVARD
SUITE 800
JACKSONVILLE, FL 32207 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MILLER, JOSEPH O III
Address: 13767 DANFORTH DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

Title: D ( ) Delete
Name: MILLER, COLLEEN T
Address: 13767 DANFORTH DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: O (X) Change ( ) Addition
Name: MILLER, COLLEEN T
Address: 13767 DANFORTH DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSEPH O. MILLER III D 07/05/2005

Electronic Signature of Signing Officer or Director — Date