

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068397

FILED
Aug 11, 2008
Secretary of State

Entity Name: JAX GAS P.A.

Current Principal Place of Business:

1950 EVENTIDE AVENUE
ST. JOHNS, FL 32259

New Principal Place of Business:

10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256

Current Mailing Address:

1950 EVENTIDE AVENUE
ST. JOHNS, FL 32259

New Mailing Address:

10475 CENTURION PARKWAY NORTH
SUITE 101
JACKSONVILLE, FL 32256

FEI Number: 26-0334523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOERSEN, PETER M.D.
1950 EVENTIDE AVENUE
ST. JOHNS, FL 32259 US

Name and Address of New Registered Agent:

GLOERSEN, PETER M.D.
10475 CENTURION PARKWAY NORTH
SUITE 101
ST. JOHNS, FL 32256 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: PETER F. GLOERSEN, M.D.

08/11/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: GLOERSEN, PETER M.D.
Address: 1950 EVENTIDE AVENUE
City-St-Zip: ST. JOHNS, FL 32259

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GLOERSEN, PETER F M.D.
Address: 10475 CENTURION PARKWAY NORTH, SUITE 101
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP () Change (X) Addition
Name: BARBARANN, SPENGE MAN M M.D.
Address: 8244 SEVEN MILE DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: PETER F. GLOERSEN, M.D.

P

08/11/2008

Electronic Signature of Signing Officer or Director

Date