2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# P08000047905

Entity Name: SANTA ROSA SERVICES OF JACKSONVILLE, INC.

Current Principal Place of Business:

12001 RISING OAKS DR E
JACKSONVILLE, FL 32223

New Principal Place of Business:

11555 CENTRAL PARKWAY
STE 804, STRATUS B.S.
JACKSONVILLE, FL 32224

Current Mailing Address:

12001 RISING OAKS DR E
JACKSONVILLE, FL 32223

New Mailing Address:

P.O. BOX 56622
C/O MARIA BRAME
JACKSONVILLE, FL 32241

FEI Number: 26-2599580 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRAME, MARIA H
12001 RISING OAKS DR E
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

BRAME, MARIA H
11555 CENTRAL PARKWAY
SUITE 804, C/O STRATUS B.S.
JACKSONVILLE, FL 32224 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: MARIA H BRAME 05/01/2009
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: BRAME, MARIA H
Address: 12001 RISING OAKS DR E
City-St-Zip: JACKSONVILLE, FL 32223

Title: P (X) Delete
Name: BRAME, MARIA H
Address: 12001 RISING OAKS DR E
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D, P (X) Change ( ) Addition
Name: BRAME, MARIA H
Address: P.O. BOX 56622
City-St-Zip: JACKSONVILLE, FL 32241

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

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: MARIA H BRAME P 05/01/2009
Electronic Signature of Signing Officer or Director Date