

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000055665

FILED  
May 01, 2009  
Secretary of State

Entity Name: INFINITY HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

1361 13TH AVE SOUTH STE 160  
JACKSONVILLE BEACH, FL 32250

**New Principal Place of Business:**

**Current Mailing Address:**

1361 13TH AVE SOUTH STE 160  
JACKSONVILLE BEACH, FL 32250

**New Mailing Address:**

2220 CR 210 W  
STE 108 BOX 348  
JACKSONVILLE, FL 32259

FEI Number: 26-2769518

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

BRIDGER, D. ROSS ESQ  
80 SW 8TH STREET STE 2000  
MIAMI, FL 33130 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: LOWERY, DONALD W  
Address: 1361 13TH AVE SOUTH STE 160  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: LOWERY, DONALD W  
Address: 2220 CR 210 W, STE 108, BOX 348  
City-St-Zip: JACKSONVILLE, FL 32259

Title: SECR ( ) Change (X) Addition  
Name: LOWERY, JENNIFER G  
Address: 2220 CR 210 W, STE 108, BOX 348  
City-St-Zip: JACKSONVILLE, FL 32259

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: JENNIFER G. LOWERY

SECR

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date