2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P08000101556

Entity Name: LYMPHEDEMA CARE CENTER OF NORTH FLORIDA, INC.

Current Principal Place of Business:

12276 SAN JOSE BLVD.
502
JACKSONVILLE, FL 32223

New Principal Place of Business:

667 KINGSLEY AVENUE
A
JACKSONVILLE, FL 32073

Current Mailing Address:

P.O. BOX 600939
ST. JOHN'S, FL 32260

New Mailing Address:

FEI Number: 26-3711867 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MARTINEZ, MARIANELA
12276 SAN JOSE BLVD.
502
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

MARTINEZ, MARIANELA
667 KINGSLEY AVEUE
A
JACKSONVILLE, FL 32073 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: 01/12/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PST ( ) Delete
Name: MARTINEZ, MARIANELA
Address: 237 CROOKED CT.
City-St-Zip: ST. JOHN'S, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MARIANELA MARTINEZ PST 01/12/2009
Electronic Signature of Signing Officer or Director — Date