

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101556

FILED
Jan 12, 2010
Secretary of State

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

Current Principal Place of Business:

667 KINGSLEY AVENUE
A
ORANGE PARK, FL 320735467

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

MARTINEZ, MARIANELA
667 KINGSLEY AVEUE
A
JACKSONVILLE, FL 32073 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

I hereby 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 all other like empowered.

SIGNATURE: MARIANELA MARTINEZ

PST

01/12/2010

Electronic Signature of Signing Officer or Director

Date