

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000101556

**FILED**  
**Mar 14, 2011**  
**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:**

MARTINEZ, MARIANELA  
667 KINGSLEY AVENUE  
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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

03/14/2011

\_\_\_\_\_  
Date

**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

03/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date