

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000101556

FILED
Mar 06, 2012
Secretary of State

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

Current Principal Place of Business:

8563 ARGYLE BUSINESS LOOP, STE. 2
JACKSONVILLE, FL 32244

New Principal Place of Business:

8563 ARGYLE BUSINESS LOOP
SUITE 2
JACKSONVILLE, FL 32244

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
8563 ARGYLE BUSINESS LOOP, STE. 2
JACKSONVILLE, FL 32244 US

Name and Address of New Registered Agent:

MARTINEZ, MARIANELA
8563 ARGYLE BUSINESS LOOP
SUITE 2
JACKSONVILLE, FL 32244 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: MARIANELA MARTINEZ

03/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PST
Name: MARTINEZ, MARIANELA
Address: 8563 ARGYLE BUSINESS LOOP, SUITE 2
City-St-Zip: JACKSONVILLE, FL 32244

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

03/06/2012

Electronic Signature of Signing Officer or Director

Date