

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000057322

FILED
Jul 09, 2010
Secretary of State

Entity Name: ACCUCARE OF NORTH FLORIDA, INC.

Current Principal Place of Business:

5685 NORWOOD AVE
JACKSONVILLE, FL 32208

New Principal Place of Business:

5685 NORWOOD AVE
JACKSONVILLE, FL 32208 US

Current Mailing Address:

5685 NORWOOD AVE
JACKSONVILLE, FL 32208

New Mailing Address:

7477 TRAILS END
JACKSONVILLE, FL 32277 US

FEI Number: 27-0469152

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, KEITH H ATTY
8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217 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

OFFICERS AND DIRECTORS:

Title: DPT
Name: HARMON, IRA BAXTER
Address: 7477 TRAILS END
City-St-Zip: JACKSONVILLE, FL 32277

Title: DCEO
Name: HARMON, IRA
Address: 7477 TRAILS END
City-St-Zip: JACKSONVILLE, FL 32277

Title: S
Name: HARMON, IRA
Address: 7477 TRAILS END
City-St-Zip: JACKSONVILLE, FL 32277

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: IRA B HARMON

DPT

07/09/2010

Electronic Signature of Signing Officer or Director

Date