

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000085605

Entity Name: NEEC HEALTHCARE, INC.

FILED  
Feb 24, 2010  
Secretary of State

## Current Principal Place of Business:

4436 JADE DR. EAST  
JACKSONVILLE, FL 32210 US

## New Principal Place of Business:

5800 BEACH BLVD  
SUITE 203 - 242  
JACKSONVILLE, FL 32207 US

## Current Mailing Address:

4436 JADE DR. EAST  
JACKSONVILLE, FL 32210 US

## New Mailing Address:

5800 BEACH BLVD  
SUITE 203-242  
JACKSONVILLE, FL 32207 US

FEI Number: 27-1135358

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DENSON, NAOMI  
4436 JADE DR. EAST  
JACKSONVILLE, FL 32210 US

## Name and Address of New Registered Agent:

DENSON, NAOMI T CEO  
4436 JADE DRIVE EAST  
JACKSONVILLE, FL 32210 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: NAOMI T. DENSON

02/24/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P  
Name: DENSON, NAOMI  
Address: 4436 JADE DR. E  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: D  
Name: DENSON, NAOMI  
Address: 4436 JADE DR. EAST  
City-St-Zip: JACKSONVILLE, FL 32210 US

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: NAOMI T. DENSON

CEO

02/24/2010

Electronic Signature of Signing Officer or Director

Date