

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000047313

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** MOUNT GILEAD HEALTHCARE SERVICES, INC.

**Current Principal Place of Business:**

6817 SOUTHPOINT PARKWAY SUITE 304  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 551260  
JACKSONVILLE, FL 322551260

**New Mailing Address:**

FEI Number: 27-2809683      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ANSBACHER & SCHNEIDER, P.A.  
5150 BELFORT ROAD BUILDING 100  
JACKSONVILLE, FL 32256      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: D  
Name: MERRITT, T. CAREY  
Address: 6817 SOUTHPOINT PARKWAY SUITE 304  
City-St-Zip: JACKSONVILLE, FL 32216

Title: D  
Name: GIANNISIS, GEORGE A  
Address: 15 MILLIE DRIVE  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: T. CAREY MERRITT

D

04/25/2011

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

\_\_\_\_\_ Date