

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000081961

FILED  
Apr 10, 2011  
Secretary of State

**Entity Name:** A. BROWN MEDICAL SERVICE INC.

**Current Principal Place of Business:**

2603 PHLOX ST  
JACKSONVILLE, FL 32209

**New Principal Place of Business:**

**Current Mailing Address:**

2603 PHLOX ST  
JACKSONVILLE, FL 32209

**New Mailing Address:**

**FEI Number:** 90-0675351      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BROWN, ANNETTE Y  
2603 PHLOX ST  
JACKSONVILLE, FL 32209      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:** DIR  
**Name:** BROWN, ANNETTE Y  
**Address:** 2603 PHLOX ST  
**City-St-Zip:** JACKSONVILLE, FL 32209

**Title:** OFF  
**Name:** BEVEL, SANDRA Y  
**Address:** 10959 LYDIA ESTATES DR E  
**City-St-Zip:** JACKSONVILLE, FL 32218

**Title:** OFF  
**Name:** ADAMS, DORA L  
**Address:** 10928 LYDIA ESTATES DR  
**City-St-Zip:** JACKSONVILLE, FL 32218

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: ANNETTE Y. BROWN

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

DIRE

04/10/2011

\_\_\_\_\_ Date