

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000064895

FILED
Jan 10, 2011
Secretary of State

Entity Name: NORTH FLORIDA HEALTH CARE, INC.

Current Principal Place of Business:

1218 PARK AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1218 PARK AVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3204250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WARFIELD, STEVEN D.C.
1218 PARK AVE SUITE 1
ORANGE PARK, FL 32073 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: PSTD
Name: WARFIELD, STEVEN D.C.
Address: 1218 PARK AVE
City-St-Zip: ORANGE PARK, FL 32073

Title: VP
Name: WARFIELD, RISA
Address: 1218 PARK AVE
City-St-Zip: ORANGE PARK, FL 32073

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: STEVEN WARFIELD

PSTD

01/10/2011

Electronic Signature of Signing Officer or Director

Date