


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000075089**  
1. Entity Name  
**JACKSONVILLE LYMPHEDEMA CLINIC, INC.**



Principal Place of Business 1550-3 HENDRICKS AVE JACKSONVILLE, FL 32207 US	Mailing Address 1550-3 HENDRICKS AVE JACKSONVILLE, FL 32207 US
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**DO NOT WRITE IN THIS SPACE**



03172004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3276931	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
MEIDE, MOSES JR.  
817 N. MAIN ST.  
JACKSONVILLE, FL 32202

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD SANDER, RICKIE P 1550-3 HENDRICKS AVE. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PARKERSON, PRESTON S 1333 WALNUT ST JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POWELL, MICHAEL B 1617 TROTTERS BEND TRAIL JACKSONVILLE, FL 32224
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01/28/04-80116-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_