

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075089

FILED  
Feb 18, 2005  
Secretary of State

Entity Name: JACKSONVILLE LYMPHEDEMA CLINIC, INC.

## Current Principal Place of Business:

1550-3 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## New Principal Place of Business:

3599 UNIVERSITY BLVD. S.  
SUITE 503  
JACKSONVILLE, FL 32216 US

## Current Mailing Address:

1550-3 HENDRICKS AVE  
JACKSONVILLE, FL 32207 US

## New Mailing Address:

3599 UNIVERSITY BLVD. S.  
SUITE 503  
JACKSONVILLE, FL 32216 US

FEI Number: 59-3276931

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MEIDE, MOSES JR.  
817 N. MAIN ST.  
JACKSONVILLE, FL 32202 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: MD ( ) Delete  
Name: SANDER, RICKIE P  
Address: 1550-3 HENDRICKS AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete  
Name: PARKERSON, PRESTON S  
Address: 1333 WALNUT ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP ( ) Delete  
Name: POWELL, MICHAEL B  
Address: 1617 TROTTERS BEND TRAIL  
City-St-Zip: JACKSONVILLE, FL 32224

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition  
Name: SANDER, RICKIE P  
Address: 3599 UNIVERSITY BLVD. S. STE 503  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P (X) Change ( ) Addition  
Name: PARKERSON, PRESTON S  
Address: 1333 WALNUT ST  
City-St-Zip: JACKSONVILLE, FL 32206

Title: VP (X) Change ( ) Addition  
Name: POWELL, MICHAEL B  
Address: 1333 WALNUT ST  
City-St-Zip: JACKSONVILLE, FL 32206

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: PRESTON S. PARKERSON

P

02/18/2005

Electronic Signature of Signing Officer or Director

Date