

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90185 037 \*\*\*150.00



**DOCUMENT # P94000075089**

1. Entity Name

JACKSONVILLE LYMPHEDEMA CLINIC, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/05)

City & State

City & State

4. FEI Number

59-3276931

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00.**

**After May 1, 2006 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: MD  
 NAME: SANDER, RICKIE P  
 STREET ADDRESS: 3599 UNIVERSITY BLVD. S. STE 503  
 CITY-ST-ZIP: JACKSONVILLE FL 32216  Delete

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: P  
 NAME: PARKERSON, PRESTON S  
 STREET ADDRESS: 1333 WALNUT ST  
 CITY-ST-ZIP: JACKSONVILLE FL 32206  Delete

TITLE: P  
 NAME: Kathy Morlan  
 STREET ADDRESS: 336 Cody Rd.  
 CITY-ST-ZIP: Nicholls, GA 31554  Change  Addition

TITLE: VP  
 NAME: POWELL, MICHAEL B  
 STREET ADDRESS: 1333 WALNUT ST  
 CITY-ST-ZIP: JACKSONVILLE FL 32206  Delete

TITLE: VP  
 NAME: Michael B Powell  
 STREET ADDRESS: 1612 Avenger Ln.  
 CITY-ST-ZIP: Jax, FL 32221  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE: CFO  
 NAME: Beverly Nixon  
 STREET ADDRESS: 152 Stately Oaks Circle  
 CITY-ST-ZIP: Brunswick, GA 31523  Change  Addition

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  Change  Addition  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Kathy Morlan*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-06

904-398-2829

Date

Daytime Phone #