


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P94000075089</b> 1. Entity Name <b>JACKSONVILLE LYMPHEDEMA CLINIC, INC.</b>	
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FILED  
06 MAR 31 AM 7:57  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>3599 UNIVERSITY BLVD. S. SUITE 503 JACKSONVILLE, FL 32216 US</b>	Mailing Address <b>3599 UNIVERSITY BLVD. S. SUITE 503 JACKSONVILLE, FL 32216 US</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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03272006 Chg-P CR2E034 (11/05)

City & State Zip Country	City & State Zip Country
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4. FEI Number <b>59-3276931</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>MEIDE, MOSES, JR. 817 N. MAIN ST. JACKSONVILLE, FL 32202</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_

<b>Amended AR is \$61.25</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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD <input type="checkbox"/> Delete <b>SANDER, RICKIE P</b> <b>3599 UNIVERSITY BLVD. S. STE 503</b> <b>JACKSONVILLE, FL 32216</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold; font-size: 1.2em;">000070475740</div> 04/14/06--01071--007 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>MORLAN, KATHY</b> <b>336 CODY RD</b> <b>NICHOLLS, GA 31554</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input checked="" type="checkbox"/> Delete <b>POWELL, MICHAEL B</b> <b>1612 AVENGER LN</b> <b>JACKSONVILLE, FL 32221</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Delete <b>MIXON, BEVERLY</b> <b>152 STATELY OAKS CIR</b> <b>BRUNSWICK, GA 30523</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Mixon, Beverly</b> <b>152 stately Oaks Cir</b> <b>brunswick, GA 30523</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <div style="text-align: center; font-size: 1.5em; font-family: cursive;">                         [Signature] 4/5                     </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 03/27/06 912-345-5058 ext. 2205  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #