

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075089

FILED  
Jan 30, 2007  
Secretary of State

Entity Name: JACKSONVILLE LYMPHEDEMA CLINIC, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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: 3599 UNIVERSITY BLVD. S. STE 503  
City-St-Zip: JACKSONVILLE, FL 32216

Title: P ( ) Delete  
Name: MORLAN, KATHY  
Address: 336 CODY RD  
City-St-Zip: NICHOLLS, GA 31554

Title: VCFO ( ) Delete  
Name: MIXON, BEVERLY  
Address: 152 STATELY OAKS CIR  
City-St-Zip: BRUNSWICK, GA 30523

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: MORLAN, KATHY  
Address: 219 SANDLEWOOD CIRCLE  
City-St-Zip: BRUNSWICK, GA 31525

Title: VP (X) Change ( ) Addition  
Name: MIXON, BEVERLY  
Address: 152 STATELY OAKS CIR  
City-St-Zip: BRUNSWICK, GA 30523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: BEVERLY MIXON

VP

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date