

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075089

FILED
Apr 22, 2009
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: PS () Delete
Name: MORLAN, KATHRYN
Address: 219 SANDALWOOD CIRCLE
City-St-Zip: BRUNSWICK, GA 31525

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

Title: VP (X) Change () Addition
Name: MIXON, BEVERLY
Address: 152 STATELY OAKS CIR
City-St-Zip: BRUNSWICK, GA 31523

I hereby certify that the information supplied with this filing does not qualify 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: KATHRYN MORLAN

_____ Electronic Signature of Signing Officer or Director

P

04/22/2009

_____ Date