

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075089

FILED  
Mar 16, 2010  
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  
**Name:** SANDER, RICKIE P  
**Address:** 3599 UNIVERSITY BLVD. S. STE 503  
**City-St-Zip:** JACKSONVILLE, FL 32216

**Title:** PS  
**Name:** MORLAN, KATHRYN  
**Address:** 219 SANDALWOOD CIRCLE  
**City-St-Zip:** BRUNSWICK, GA 31525

**Title:** VP  
**Name:** MIXON, BEVERLY  
**Address:** 152 STATELY OAKS CIR  
**City-St-Zip:** BRUNSWICK, GA 31523

I hereby 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 all other like empowered.

SIGNATURE: BEVERLY MIXON

VP

03/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date