

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000075089

FILED
Mar 21, 2011
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 (X)

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

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

03/21/2011

Electronic Signature of Signing Officer or Director

Date