2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P97000033008

Entity Name: NORTH FLORIDA CENTER FOR PREVENTIVE MEDICINE, P.A.

Current Principal Place of Business:

14546 SAINT AUGUSTINE RD., STE. 211
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

Current Mailing Address:

14546 SAINT AUGUSTINE RD., STE. 211
JACKSONVILLE, FL 32258 US

New Mailing Address:

FEI Number: 59-3433265 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

TOLSON, JOHN F JR
462 KINGSLEY AVE., STE 101
ORANGE PARK, FL 32073 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: DP ( ) Delete
Name: KALAM, JOHN
Address: 14546 SAINT AUGUSTINE RD., STE. 211
City-St-Zip: JACKSONVILLE, FL 32258 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JOHN KALAM DP 04/15/2009

Electronic Signature of Signing Officer or Director Date