

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033008

FILED
Apr 20, 2012
Secretary of State

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:

14546 SAINT AUGUSTINE ROAD
SUITE 211
JACKSONVILLE, FL 32258 US

Current Mailing Address:

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

New Mailing Address:

14546 SAINT AUGUSTINE ROAD
SUITE 211
JACKSONVILLE, FL 32258 US

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

OFFICERS AND DIRECTORS:

Title: DP
Name: KALAM, JOHN
Address: 14546 SAINT AUGUSTINE RD., STE. 211
City-St-Zip: JACKSONVILLE, FL 32258 US

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: JOHN KALAM

DP

04/20/2012

Electronic Signature of Signing Officer or Director

Date