

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000033008

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

FILED  
Apr 20, 2012  
Secretary of State

**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