

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90083 017 \*\*\*150.00

40046110



03232007 Chg-P CR2E034 (12/06)

4. FEI Number  
**59-3644167**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

## 6. Name and Address of Current Registered Agent

JONES, DONALD C  
1000 RIVERSIDE AVE  
#205  
JAX, FL 32204

## 7. Name and Address of New Registered Agent

Name  
Jones, Donald C  
Street Address (P.O. Box Number is Not Acceptable)  
245 Riverside Ave, suite 200  
City Jacksonville FL Zip Code 32202

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Donald C. Jones* Donald C. Jones, CEO

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	COBIN, RHODA H MD	
STREET ADDRESS	44 GODWIN AVE.	
CITY-ST-ZIP	MIDLAND PARK, NJ 07432	
TITLE	D	<input type="checkbox"/> Delete
NAME	DICKEY, RICHARD A MD	
STREET ADDRESS	415 N. CENTER ST., SUITE 203	
CITY-ST-ZIP	HICKORY, NC 28601	
TITLE	D	<input type="checkbox"/> Delete
NAME	HODGSON, STEPHEN F M.D.	
STREET ADDRESS	200 FIRST STREET, S.W.	
CITY-ST-ZIP	ROCHESTER, MN 55905	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELD, STANLEY M.D.	
STREET ADDRESS	5480 LA SIERRA DRIVE	
CITY-ST-ZIP	DALLAS, TX 75231	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DONALD C	
STREET ADDRESS	1000 RIVERSIDE AVE., SUITE 205	
CITY-ST-ZIP	JACKSONVILLE, FL 32204	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODBARD, HELENA	
STREET ADDRESS	14808 PHYSICIANS LANE, NO. 111	
CITY-ST-ZIP	ROCKVILLE, MD 20850	

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jones, Donald C	
STREET ADDRESS	245 Riverside Ave, Suite 200	
CITY-ST-ZIP	Jacksonville, FL 32202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald C. Jones* Donald C. Jones, CEO

03/23/07

904-353-7878

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #