

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000069107

FILED
Mar 24, 2009
Secretary of State

Entity Name: HEALTHCARE RESOURCES OF JACKSONVILLE, INC.

Current Principal Place of Business:

4612 SAN JUAN AVENUE
JACKSONVILLE, FL 32210 US

New Principal Place of Business:

Current Mailing Address:

4612 SAN JUAN AVENUE
JACKSONVILLE, FL 32210 US

New Mailing Address:

FEI Number: 59-3459478 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, MICHAEL C
4612 SAN JUAN AVENUE
JACKSONVILLE, FL 32210 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: PRES () Delete
Name: MOSLEY, MICHAEL C
Address: 5815 LISKA DRIVE
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP () Delete
Name: MOSLEY, CHARLES
Address: 2920 IROQUOIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: MOSLEY, MICHAEL C
Address: 4427 SHAWNEE STREET
City-St-Zip: JACKSONVILLE, FL 32210

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: MICHAEL C. MOSLEY

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date