

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 28, 2011
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 PRES
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

OFFICERS AND DIRECTORS:

Title: PRES
Name: MOSLEY, MICHAEL C
Address: 4427 SHAWNEE STREET
City-St-Zip: JACKSONVILLE, FL 32210

Title: VP
Name: MOSLEY, CHARLES JR
Address: 2920 IROQUOIS AVENUE
City-St-Zip: JACKSONVILLE, FL 32210 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: MICHAEL C. MOSLEY

PRES

01/28/2011

Electronic Signature of Signing Officer or Director

Date