

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000081633

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** BABY GUARD OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

6015 MORROW ST E.  
SUITE 119C  
JACKSONVILLE, FL 32217

**New Principal Place of Business:**

7000 ATLANTIC BLVD  
JACKSONVILLE, FL 32211

**Current Mailing Address:**

11017 LOSCO JUNCTION DRIVE  
JACKSONVILLE, FL 32257

**New Mailing Address:**

**FEI Number:** 59-3468498

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROGERS, JONATHAN N  
11017 LOSCO JUNCTION DR  
JACKSONVILLE, FL 32257 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:** CP  
**Name:** ROGERS, JONATHAN N  
**Address:** 11017 LOSCO JUNCTION DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32257

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:** JONATHAN N ROGERS

CP

03/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date