

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

40063831

<b>DOCUMENT # P98000025289</b>				Secretary of State 04-26-2006 90204 044 ***150.00	
1. Entity Name JACKSONVILLE HEALTH CARE SYSTEMS, INC.					
Principal Place of Business 9471 BAYMEADOWS ROAD SUITE 108 JACKSONVILLE, FL 32256			Mailing Address 9471 BAYMEADOWS ROAD SUITE 108 JACKSONVILLE, FL 32256		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0821128	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GREEN, MITCHELL F 4000 HOLLYWOOD BLVD SUITE 485 SOUTH HOLLYWOOD, FL 33021			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP D SCHOENBORN, MARK DC 9471 BAYMEADOWS ROAD SUITE 108 JACKSONVILLE, FL 32256 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V FORT, PETER DR 9471 BAYMEADOWS ROAD SUITE 108 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP S REPOLE, JON DR 9471 BAYMEADOWS RD #108 JACKSONVILLE, FL 32256 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____ 4/21/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					