2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2012
Secretary of State

DOCUMENT# P98000039341

Entity Name: EMPOWER PREVENTIVE MEDICINE, P.A.

Current Principal Place of Business:

4241 BAYMEADOWS RD
SUITE 14
JACKSONVILLE, FL 32217 US

New Principal Place of Business:

4221 BAYMEADOWS RD
SUITE 6
JACKSONVILLE, FL 32217 US

Current Mailing Address:

4241 BAYMEADOWS RD
SUITE 14
JACKSONVILLE, FL 32217 US

New Mailing Address:

4221 BAYMEADOWS RD
SUITE 6
JACKSONVILLE, FL 32217 US

FEI Number: 59-3515367 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORMICK, TIMOTHY J
4241 BAYMEADOWS RD
SUITE 14
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

MCCORMICK, TIMOTHY J
4221 BAYMEADOWS RD
SUITE 06
JACKSONVILLE, FL 32217 US

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: TIMOTHY J. MCCORMICK 04/19/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D
Name: MCCORMICK, TIMOTHY J
Address: 4221 BAYMEADOWS RD, STE 6
City-St-Zip: JACKSONVILLE, FL 32218

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: TIMOTHY J. MCCORMICK PRES 04/19/2012
Electronic Signature of Signing Officer or Director Date