

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000064388

FILED
Apr 30, 2004
Secretary of State

Entity Name: NORTHEAST FLORIDA MEDICAL TRAINING, INC.

Current Principal Place of Business:

350 CORPORATE WAY
SUITE 400
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

350 CORPORATE WAY
SUITE 400
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-3523267

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JAMES Y. HUTCHINSON
350 CORPORATE WAY 400
ORANGE PARK, FL 32073 US

Name and Address of New Registered Agent:

JAMES, HUTCHINSON II
350 CORPORATE WAY 400
ORANGE PARK, FL 32073 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: JAMES HUTCHINSON

04/30/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: HUTCHINSON, JAMES M II
Address: 11247 SAN JOSE BOULEVARD, SUITE 807
City-St-Zip: JACKSONVILLE, FL 32223

Title: VD () Delete
Name: HUTCHINSON, CYNDY A
Address: 11247 SAN JOSE BOULEVARD, SUITE 807
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: HUTCHINSON, JAMES M II
Address: 1737 FIDDLERS RIDGE
City-St-Zip: ORANGE, FL 32003

Title: VD (X) Change () Addition
Name: HUTCHINSON, CYNDY A
Address: 1737 FIDDLERS RIDGE
City-St-Zip: ORANGE PARK, FL 32003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JAMES HUTCHINSON

PSTD

04/30/2004

Electronic Signature of Signing Officer or Director

Date