

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000084492

Entity Name: MAGNOLIA REFERRALS, INC.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

9086 CYPRESS GREEN DRIVE  
202  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

9086 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

9086 CYPRESS GREEN DRIVE  
202  
JACKSONVILLE, FL 32256 US

FEI Number: 59-3652223

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILAM, EILEEN BLOCKER  
9086 CYPRESS GREEN DRIVE  
JACKSONVILLE, FL 32256 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: DPS  
Name: BLOCKER, EILEEN  
Address: 9086 CYPRESS GREEN DRIVE  
City-St-Zip: JACKSONVILLE, FL 32256

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: EILEEN BLOCKER

DIR

04/20/2011

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

\_\_\_\_\_  
Date