

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L45665

**Entity Name:** SEKINE, RASNER & BROCK, M.D., P.A.

**Current Principal Place of Business:**

11945 SAN JOSE BLVD.  
#400  
JACKSONVILLE, FL 32223

**Current Mailing Address:**

11945 SAN JOSE BLVD.  
#400  
JACKSONVILLE, FL 32223

**FEI Number: 59-2985652**

**Certificate of Status Desired: No**

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

SEKINE, KENNETH M. M.D.  
11945 SAN JOSE BLVD.  
#400  
JACKSONVILLE, FL 32223 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PST  
Name SEKINE, KENNETH M.  
Address 11945 SAN JOSE BLVD. #400  
City-State-Zip: JACKSONVILLE FL 32223

Title D  
Name SEKINE, KENNETH M DR.  
Address 11945 SAN JOSE BLVD.  
#400  
City-State-Zip: JACKSONVILLE FL 32223

Title D  
Name RASNER, TODD DR.  
Address 11945 SAN JOSE BLVD.  
#400  
City-State-Zip: JACKSONVILLE FL 32223

Title D  
Name BROCK, MITZI DR.  
Address 11945 SAN JOSE BLVD.  
#400  
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR  
Name WILKES, NIKITA DR.  
Address 11945 SAN JOSE BLVD.  
#400  
City-State-Zip: JACKSONVILLE FL 32223

*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: KENNETH M SEKINE**

**P**

**01/09/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date