

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000004482

Entity Name: ANDREW I. SCHARE, M.D., P.A.

Current Principal Place of Business:

ST. VINCENT'S MEDICAL CENTER
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204

Current Mailing Address:

1668 PARK TERRACE WEST
ATLANTIC BEACH, FL 32233

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHARE, ANDREW I
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 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 DR
Name SCHARE, ANDREW I
Address 1 SHIRCLIFF WAY
City-State-Zip: JACKSONVILLE FL 32204

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: ANDREW SCHARE

MD

01/30/2016

Electronic Signature of Signing Officer/Director Detail

Date