

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000072949

Entity Name: PHYSICIANS MEDICAL CENTERS - JAX, INC.

Current Principal Place of Business:

9826 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

Current Mailing Address:

9826 SAN JOSE BOULEVARD
JACKSONVILLE, FL 32257

FEI Number: 77-0691235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, LANCE P
1723 BLANDING BLVD.
102
JACKSONVILLE, FL 32210 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 D/P
Name CRITZER, VICTORIA
Address 9826 SAN JOSE BOULEVARD
City-State-Zip: JACKSONVILLE FL 32257

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: VICTORIA CRITZER

D/P

04/20/2017

Electronic Signature of Signing Officer/Director Detail

Date