2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2019
Secretary of State
2060304228CC

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Entity Name: CHRISTOPHER M. GERIC, D.M.D., P.A.

Current Principal Place of Business:

4788 HODGES BLVD.
SUITE #208
JACKSONVILLE, FL 32224

Current Mailing Address:

4788 HODGES BLVD.
SUITE #208
JACKSONVILLE, FL 32224 1

FEI Number: 27-1092267

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GERIC, CHRISTOPHER MARC DR.
4788 HODGES BLVD.
SUITE #208
JACKSONVILLE, FL 32224 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: CHRISTOPHER M. GERIC 03/07/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DR
Name	GERIC, CHRISTOPHER MD.M.D.
Address	8225 SEVEN MILE DRIVE
City-State-Zip:	PONTE VEDRA BEACH FL 32082

Title	DR.
Name	GERIC, CHRISTOPHER M
Address	4788 HODGES BLVD. #208
City-State-Zip:	JACKSONVILLE FL 32224

Title	DR.
Name	GERIC, CHRISTOPHER
Address	4788 HODGES BLVD. #208
City-State-Zip:	JACKSONVILLE FL 32224

Title	DR.
Name	GERIC, CHRISTOPHER M
Address	4788 HODGES BLVD. SUITE #208
City-State-Zip:	JACKSONVILLE FL 32224

Title	DR.
Name	GERIC, CHRISTOPHER
Address	4788 HODGES BLVD. #208
City-State-Zip:	JACKSONVILLE FL 32224

Title	DR.
Name	GERIC, CHRISTOPHER
Address	4788 HODGES BLVD. #208
City-State-Zip:	JACKSONVILLE FL 32224

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: CHRISTOPHER M. GERIC OWNER/DOCTOR 03/07/2019

Electronic Signature of Signing Officer/Director Detail — Date