

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000006511

Entity Name: THOMAS R. WIKSROM, M.D., P.A.

Current Principal Place of Business:

6817 SOUTHPOINT PKWY
SUITE 2503
JACKSONVILLE, FL 32216

Current Mailing Address:

6817 SOUTHPOINT PKWY
SUITE 2503
JACKSONVILLE, FL 32216

FEI Number: 27-4539616

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNSON, KEITH HESQUIRE
8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE, FL 32217 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 PSTD
Name WIKSTROM, THOMAS RM.D.
Address 2632 HOLLY POINT ROAD EAST
City-State-Zip: ORANGE PARK FL 32073

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: THOMAS R. WIKSTROM

MD,, P.A.

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date