

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000045672

**Entity Name:** FLOYD GONDER MD PA

**Current Principal Place of Business:**

3599 UNIVERSITY BLVD SOUTH  
905  
JACKSONVILLE, FL 32216

**FILED**  
**Mar 05, 2014**  
**Secretary of State**  
**CC5286189447**

**Current Mailing Address:**

3599 UNIVERSITY BLVD SOUTH  
905  
JACKSONVILLE, FL 32216

**FEI Number: 46-2768356**

**Certificate of Status Desired: No**

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

GONDER, FLOYD SR  
3599 UNVIERSITY BLVD SOUTH  
905  
JACKSONVILLE, FL 32216 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            P  
Name            GONDER, FLOYD SR  
Address        3599 UNIVERSITY BLVD SOUTH  
                  SUITE 905  
City-State-Zip: JACKSONVILLE FL 32216

Title            DIRECTOR  
Name            HILL, DEBBIE L  
Address        3599 UNIVERSITY BLVD S.  
                  905  
City-State-Zip: JACKSONVILLE FL 32216

*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: DEBBIE HILL**

**OFFICE MANAGER**

**03/05/2014**

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

\_\_\_\_\_  
Date