#### 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: TODD CAPRITA

#### DOCUMENT# P18000039674

Entity Name: PHYSICIAN RECRUITING AND DOCTOR JOB PLACEMENT CORP.

# **Current Principal Place of Business:**

2585 CAPRERA CIRCLE JACKSONVILLE, FL 32246

# **Current Mailing Address:**

2585 CAPRERA CIRCLE JACKSONVILLE, FL 32246 US

# FEI Number: 83-2916169

# Name and Address of Current Registered Agent:

CAPRITA, TODD M MD. 2585 CAPRERA CIRCLE JACKSONVILLE, FL 32246 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: TODD CAPRITA

Electronic Signature of Registered Agent

# **Officer/Director Detail :**

Title P/S Name CAPRITA, TODD M MD. Address 2585 CAPRERA CIRCLE City-State-Zip: JACKSONVILLE FL 32246

Certificate of Status Desired: Yes

04/30/2021 Date

04/30/2021 Date

### FILED Apr 30, 2021 Secretary of State 2365334081CC

Electronic Signature of Signing Officer/Director Detail

DIRECTOR