

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000005967

Entity Name: NORTH FLORIDA SURGEONS, P.A.

Current Principal Place of Business:

11945 SAN JOSE BLVD
BLDG 300
JACKSONVILLE, FL 32223

Current Mailing Address:

11945 SAN JOSE BLVD
BLDG 300
JACKSONVILLE, FL 32223 US

FEI Number: 59-3366100

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REZLEGAL, LLC
4230 PABLO PROFESSIONAL COURT
SUITE 200
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: RICK M. REZNICSEK

01/20/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name MORGENTHAL, CRAIG M.D.
Address 836 PRUDENTIAL DR., SUITE 1107
City-State-Zip: JACKSONVILLE FL 32207

Title D
Name LOPER, R. MICHAEL M.D.
Address 3 SHIRCLIFF WAY, SUITE 322
City-State-Zip: JACKSONVILLE FL 32204

Title DP
Name CHAPPANO, PAUL MD
Address 2 SHIRCLIFF WAY, SUITE 900
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name PATEL , RAVI MD
Address 714 STOCKTON STREET
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name UCHAL , MIROSLAV MD
Address 2 SHIRCLIFF WAY
SUITE 500
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name POLLEY , GORDON MD
Address 836 PRUDENTIAL DRIVE
SUITE 1001
City-State-Zip: JACKSONVILLE FL 32207

Title DIRECTOR
Name BIANCHI, JOSEPH MD
Address 1890 LPGA BOULEVARD
SUITE 250
City-State-Zip: DAYTONA BEACH FL 32117

Title DIRECTOR
Name STANKARD, M.D., CHARLES E.
Address 1555 KINGSLEY AVENUE, SUITE 503
City-State-Zip: ORANGE PARK FL 32073

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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: PAUL CHAPPANO, MD

PRESIDENT

01/20/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ROY, SASWATA MD
Address 11701-32 SAN JOSE BOULEVARD
 SUITE 211
City-State-Zip: JACKSONVILLE FL 32223