

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74078

FILED  
Jan 14, 2011  
Secretary of State

**Entity Name:** ID ASSOCIATES OF JACKSONVILLE, P.A.

**Current Principal Place of Business:**

2 SHIRCLIFF WAY  
STE 610  
JACKSONVILLE, FL 32204 US

**New Principal Place of Business:**

**Current Mailing Address:**

2 SHIRCLIFF WAY  
STE 610  
JACKSONVILLE, FL 32204 US

**New Mailing Address:**

**FEI Number:** 59-2569225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KATHLEEN H. COLD  
ONE INDEPENDENT DR  
SUITE 2301  
JACKSONVILLE, FL 32202 US

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

MONTOYA, JEAN-PAUL  
2 SHIRCLIFF WAY  
STE 610  
JACKSONVILLE, FL 32204 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: JEAN-PAUL MONTOYA, M.D.

01/14/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: MONTOYA, JEAN-PAUL M.D.  
Address: 2 SHIRCLIFF WAY STE 610  
City-St-Zip: JACKSONVILLE, FL 32204 US

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: JEAN-PAUL MONTOYA, M.D.

O

01/14/2011

Electronic Signature of Signing Officer or Director

Date