2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50818

FILED Apr 21, 2009 Secretary of State

Entity Name: JACKSONVILLE EMERGENCY CONSULTANTS, P.A.

	rincipal Place o	f Business:	New Principal Place	of Business:
61 PER	METER PARK B	LVD.		
JITE 106 CKSON	S VILLE, FL 32216	3		
ırrent Mailing Address:		New Mailing Address	New Mailing Address:	
S1 PFR	METER PARK B	LVD		
ITE 106				
		FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
me and	Address of Cu	rrent Registered Agent:	Name and Address o	of New Registered Agent:
NFY S	. SIMMONS 11			
	ENTIAL DR.			
	VILLE, FL 32207	7 US		
		bmits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
	e of Florida.			
BNATU				
	Electronic	Signature of Registered Age	ent	Date
tion Ca	npaign Financing T	rust Fund Contribution ().		
FICER	S AND DIRECTO	DRS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO
	DR. () DO		ADDITIONS/CHANGI	ES TO OFFICERS AND DIRECTOI () Change () Addition
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: ie: ress:	DR. () D ALEMAN, JAIME	elete ST DR.	Title: Name:	
:: ne: ress: -St-Zip:	DR. () D ALEMAN, JAIME 7717 ROYAL CRE	elete SST DR. FL 32256	Title: Name: Address:	
: ne: ress: -St-Zip: :	DR. () D ALEMAN, JAIME 7717 ROYAL CRE JACKSONVILLE, I	elete SST DR. FL 32256	Title: Name: Address: City-St-Zip:	
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Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RAYMOND GYARMATHY 04/21/2009 DR. Date