

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50818

FILED
Feb 07, 2012
Secretary of State

Entity Name: JACKSONVILLE EMERGENCY CONSULTANTS, P.A.

Current Principal Place of Business:

4311 SALISBURY RD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4311 SALISBURY RD
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-2924836

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIDNEY S. SIMMONS 11
841 PRUDENTIAL DR.
SUITE1400
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: DR.
Name: ALEMAN, JAIME
Address: 7717 ROYAL CREST DR.
City-St-Zip: JACKSONVILLE, FL 32256

Title: DR.
Name: MENZE, ROGER
Address: 4511 COQUINA DR.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: DR.
Name: KING, KENNETH
Address: 120 PONTE VEDRA EAST BLVD
City-St-Zip: PONTE VEDRA BCH, FL 32082

Title: DR.
Name: KOURY, RONALD
Address: 654 QUEENS HARBOR BLVD
City-St-Zip: JACKSONVILLE, FL 32225

Title: DR.
Name: GYARMATHY, RAYMOND
Address: 158 OCEANWALK DR.
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: DR.
Name: ALONSO, LEONARDO
Address: 831 CHICOPIT LANE
City-St-Zip: JACKSONVILLE, FL 32225

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: RAYMOND GYARMATHY

DR

02/07/2012

Electronic Signature of Signing Officer or Director

Date