

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000117004

1. Entity Name
JACKSONVILLE PROFESSIONAL MANAGEMENT, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 APR 17 AM 11:42

Principal Place of Business
2410 ORMSBY CIRCLE W
JACKSONVILLE, FL 32210

Mailing Address
2410 ORMSBY CIRCLE W
JACKSONVILLE, FL 32210



04162007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
13-4218659

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NULAND, CHRISTOPHER L
1000 RIVERSIDE AVENUE, SUITE 115
JACKSONVILLE, FL 32204

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	D MOERINGS, DAWN R 2410 ORMSBY CIRCLE W JACKSONVILLE, FL 32210
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report, supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Dawn R. Moerings

Dawn R. Moerings

April 13, 2007 (904) 573-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #