

2014 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000044387

FILED
Dec 05, 2014
Secretary of State

Entity Name: JACKSONVILLE ANESTHESIA CORPORATION, INC.

Current Principal Place of Business:

3245 SW 34TH ST.
OCALA, FL 34474

New Principal Place of Business:

183 LANDRUM LANE
SUITE 203
PONTE VEDRA BEACH, FL 32082

Current Mailing Address:

3245 SW 34TH ST.
OCALA, FL 34474

New Mailing Address:

183 LANDRUM LANE
SUITE 203
PONTE VEDRA BEACH, FL 32082

FEI Number: 04-3753610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DIXON, CHERYL MD
3245 SW 34TH ST.
OCALA, FL 34474 US

Name and Address of New Registered Agent:

DIXON, CHERYL MD
183 LANDRUM LANE
SUITE 203
PONTE VEDRA BEACH, FL 32082 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: CHERYL DIXON, MD

12/05/2014

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: MARTIN, GLEN F M.D.
Address: 183 LANDRUM LANE, STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: JIMENEZ, JOSE F MD
Address: 183 LANDRUM LANE, STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: MORGAN, MATTHEW L M.D.
Address: 183 LANDRUM LANE, STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: DIXON, CHERYL L M.D.
Address: 183 LANDRUM LANE, STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: RAMJOHN, JOANNE A
Address: 183 LANDRUM LANE, STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D
Name: GIMBEL, ANGELA D MD
Address: 183 LANDRUM LANE, STE 203
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: CHERYL L DIXON, MD

D

12/05/2014

Electronic Signature of Signing Officer or Director

Date