

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065416

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: JEFFREY H. SAPOLSKY, M.D., P.A.

## Current Principal Place of Business:

<UNUSED>  
1800 BARRS ST  
JACKSONVILLE, FL 32204

## New Principal Place of Business:

1800 BARRS STREET  
EMERGENCY DEPARTMENT  
JACKSONVILLE, FL 32204

## Current Mailing Address:

ST. VINCENT'S MEDICAL CENTER  
1800 BARRS ST  
JACKSONVILLE, FL 32204

## New Mailing Address:

1800 BARRS STREET  
EMERGENCY DEPARTMENT  
JACKSONVILLE, FL 32204

FEI Number: 59-3328860

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SAPOLSKY, JEFFREY H M.D.  
ST. VINCENT'S MEDICAL CENTER  
1800 BARRS ST  
JACKSONVILLE, FL 32204 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: SAPOLSKY, JEFFREY H M.D.  
Address: ST. VINCENT'S MEDICAL CENTER  
City-St-Zip: JACKSONVILLE, FL 32204

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida 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: JEFFREY H. SAPOLSKY

DR

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date