

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000065416

FILED
Mar 12, 2012
Secretary of State

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

Current Principal Place of Business:

1800 BARRS STREET
EMERGENCY DEPARTMENT
JACKSONVILLE, FL 32204

New Principal Place of Business:

1 SHIRCLIFF WAY
EMERGENCY DEPARTMENT
JACKSONVILLE, FL 32204

Current Mailing Address:

1800 BARRS STREET
EMERGENCY DEPARTMENT
JACKSONVILLE, FL 32204

New Mailing Address:

1 SHIRCLIFF WAY
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:

SAPOLSKY, JEFFREY H M.D.
ST. VINCENT'S MEDICAL CENTER
1 SHIRCLIFF WAY
JACKSONVILLE, FL 32204 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: _____

Electronic Signature of Registered Agent

03/12/2012

Date

OFFICERS AND DIRECTORS:

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

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: JEFFREY H SAPOLSKY, MD

Electronic Signature of Signing Officer or Director

DR

03/12/2012

Date