

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000009621

1. Entity Name  
PERRY JC MD, P.A.



Principal Place of Business  
10014 SIFTON CT.  
JACKSONVILLE, FL 32246

Mailing Address  
10014 SIFTON CT.  
JACKSONVILLE, FL 32246

FILED  
10 MAY 18 AM 9:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



05062010 Chg-P CR2E034 (11/08)

2. Principal Place of Business - No P.O. Box #  
7999 Philips Hwy  
Suite, Apt. #, etc. 303  
City & State Jacksonville, FL  
Zip 32256 Country U.S.

3. Mailing Address  
7999 Philips Hwy  
Suite, Apt. #, etc. 303  
City & State Jacksonville, FL  
Zip 32256 Country U.S.

4. FEI Number 20-2218597  
Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
COLE, PERRY MD  
10014 SIFTON CT.  
JACKSONVILLE, FL 32246

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

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 *Perry Cole, M.D.* DATE 5-8-10  
(NOTE: Registered Agent signature required when resigning)

**FILE NOW!!! FEE IS \$150.00  
Due by September 24, 2010**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	COLE, PERRY
STREET ADDRESS	10014 SIFTON CT.
CITY-ST-ZIP	JACKSONVILLE, FL 32246
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	700180473687
CITY-ST-ZIP	05/06/10--01017--001 **150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 or 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: *Perry Cole, M.D.* DATE 5-8-10 DAYTIME PHONE # 404-733-0099  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/10