

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000068397

Entity Name: JAX GAS P.A.

FILED  
Feb 16, 2010  
Secretary of State

**Current Principal Place of Business:**

10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10475 CENTURION PARKWAY NORTH  
SUITE 101  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 26-0334523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GLOERSEN, PETER M.D.  
10475 CENTURION PARKWAY NORTH  
SUITE 101  
ST. JOHNS, FL 32256 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: P  
Name: GLOERSEN, PETER F M.D.  
Address: 10475 CENTURION PARKWAY NORTH, SUITE 101  
City-St-Zip: JACKSONVILLE, FL 32256

Title: VP  
Name: BARBARANN, SPENGE MAN M M.D.  
Address: 8244 SEVEN MILE DRIVE  
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: PETER F. GLOERSEN, M.D.

P

02/16/2010

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

\_\_\_\_\_ Date