## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000072949

Entity Name: PHYSICIANS MEDICAL CENTERS - JAX, INC.

FILED Mar 26, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business:** New Principal Place of Business: 2020 KINGSLEY AVE 9826 SAN JOSE BOULEVARD SUITE A JACKSONVILLE, FL 32257 ORANGE PARK, FL 32073 **New Mailing Address: Current Mailing Address:** 2020 KINGSLEY AVE 9826 SAN JOSE BOULEVARD SUITE A JACKSONVILLE, FL 32257 ORANGE PARK, FL 32073 FEI Number: 77-0691235 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COHEN, LANCE P 1723 BLANDING BLVD. 102 JACKSONVILLE, FL 32210 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 Date Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

( ) Delete Title: D (X) Change ( ) Addition

 Name:
 GARVER, GORDON
 Name:
 GARVER, GORDON

 Address:
 2020 KINGSLEY AVENUE, SUITE A
 Address:
 9826 SAN JOSE BOULEVARD

 City-St-Zip:
 ORANGE PARK, FL 32073
 City-St-Zip:
 JACKSONVILLE, FL 32257

Title: D () Delete Title: D (X) Change () Addition

Name: CRITZER, MICHAEL Name: CRITZER, MICHAEL

Address: 2020 KINGSLEY AVENUE, SUITE A Address: 9826 SAN JOSE BOULEVARD City-St-Zip: ORANGE PARK, FL 32073 City-St-Zip: JACKSONVILLE, FL 32257

Name:CRITZER, VICTORIAName:CRITZER, VICTORIAAddress:2020 KINGSLEY AVE, SUITE AAddress:9826 SAN JOSE BOULEVARDCity-St-Zip:ORANGE PARK, FL 32073City-St-Zip:JACKSONVILLE, FL 32257

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: MICHAEL CRITZER D 03/26/2009