

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000086876

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE MS AND NEUROLOGY CENTER, P.A.

**Current Principal Place of Business:**

1895 KINGSLEY AVENUE  
SUITE # 903  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

**Current Mailing Address:**

1895 KINGSLEY AVENUE  
SUITE # 903  
ORANGE PARK, FL 32073

**New Mailing Address:**

**FEI Number:** 27-1201574      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLD, KATHLEEN H  
ONE INDEPENDENT DRIVE SUITE 2301  
JACKSONVILLE, FL 32202 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MAQUERA, VICTOR A  
**Address:** 1895 KINGSLEY AVENUE SUITE 903  
**City-St-Zip:** ORANGE PARK, FL 32073

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: VICTOR A. MAQUERA

D

01/09/2012

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

\_\_\_\_\_ Date