

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000089523

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** JACKSONVILLE SURGICAL GROUP, PA

**Current Principal Place of Business:**

100 KIRTS BLVD  
SUITE A  
TROY, MI 48084

**New Principal Place of Business:**

**Current Mailing Address:**

100 KIRTS BLVD  
SUITE A  
TROY, MI 48084

**New Mailing Address:**

**FEI Number:** 37-1651341

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
155 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: P  
Name: KENT, DAVID M  
Address: 100 KIRTS BLVD  
City-St-Zip: TROY, MI 48084 US

Title: DIR  
Name: KENT, DAVID M  
Address: 100 KIRTS BLVD  
City-St-Zip: TROY, MI 48084 US

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: DAVID M KENT

P

04/20/2012

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

\_\_\_\_\_  
Date