

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003558

Entity Name: NORTHEAST FLORIDA HEALTHCARE INSTITUTE, INC.

Current Principal Place of Business:

9390 LEM TURNER ROAD
SUITE TWO
JACKSONVILLE, FL 32208

Current Mailing Address:

9390 LEM TURNER ROAD
SUITE TWO
JACKSONVILLE, FL 32208

FEI Number: 20-0968235

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CAIN, JELYSIA IVRENA
13637 MARSH HARBOR DRIVE NORTH
JACKSONVILLE, FL 32225 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: JELYSIA CAIN

04/30/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name CAIN, ROGERS
Address 9390 LEM TURNER ROAD SUITE ONE
City-State-Zip: JACKSONVILLE FL 32208

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROGERS CAIN

PRESIDENT

04/30/2021

Electronic Signature of Signing Officer/Director Detail

Date