

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000004203

Entity Name: VOLUNTEER MEDICAL GROUP INC.

Current Principal Place of Business:

9803 OLD ST AUGUSTINE RD
SUITE 1
JACKSONVILLE, FL 32257

Current Mailing Address:

9803 OLD ST AUGUSTINE RD
SUITE 1
JACKSONVILLE, FL 32257 US

FEI Number: 46-5593610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HASSAN, MAJED B MD
9803 OLD ST AUGUSTINE RD
SUITE 1
JACKSONVILLE, FL 32257 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: MAJED HASSAN

07/29/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title B
Name HASSAN, MAJED B MD
Address 9803 OLD ST AUGUSTINE RD
SUITE 1
City-State-Zip: JACKSONVILLE FL 32257

Title T
Name KALEEL, K. MARK
Address 1775 SHORE VIEW DR W
City-State-Zip: JACKSONVILLE FL 32218

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: MAJED HASSAN

DIRECTOR

07/29/2020

Electronic Signature of Signing Officer/Director Detail

Date