

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J21849

Entity Name: JACKSONVILLE PEDIATRICS, P.A.**Current Principal Place of Business:**2606 PARK STREET
JACKSONVILLE, FL 32204**Current Mailing Address:**2606 PARK STREET
JACKSONVILLE, FL 32204 US**FEI Number:** 59-2711337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLD, KATHLEEN H
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE, FL 32202 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**Officer/Director Detail :**

Title	DP
Name	THORNTON, RANDOLPH E., M
Address	2606 PARK ST.
City-State-Zip:	JACKSONVILLE FL 32204

Title	DV
Name	MCCLELLAND, NAN S
Address	2606 PARK STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	DIRECTOR
Name	CHALLY, JENNIFER A DR.
Address	2606 PARK STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	OFFICER
Name	CANTVILLE, RYAN C
Address	2606 PARK STREET
City-State-Zip:	JACKSONVILLE FL 32204

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: CAROL FAGAN**BOOKKEEPER****01/31/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date