

**2017 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

*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:** RANDOLPH E THORNTON, M.D.

DP

04/26/2017

Electronic Signature of Signing Officer/Director Detail

Date