

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K10796

Entity Name: JACKSONVILLE PEDIATRIC ASSOCIATES, M.D., P.A.

Current Principal Place of Business:

8774 PERIMETER PARK BLVD
JACKSONVILLE, FL 32216

Current Mailing Address:

851 CHICOPIT LN
JACKSONVILLE, FL 32225 US

FEI Number: 59-2861820

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FOWLER,WHITE,BOGGS,BANKER
50 NORTH LAURA STREET, SUITE 2200
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 PD
Name SILVA, ENRIQUE MMD
Address 851 CHICOPIT LANE
City-State-Zip: JACKSONVILLE FL 32225

Title VD
Name ROMEU, ALFREDO MD
Address 9026 HECHSCHER DR
City-State-Zip: JACKSONVILLE FL 32226

Title SD
Name QUINTANA, J CMD
Address 2297 OCEANSIDE CT
City-State-Zip: ATLANTIC BEACH FL 32233

Title TD
Name SILVA, BARBARA B
Address 851 CHICOPIT LANE
City-State-Zip: JACKSONVILLE FL 32225

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: BARBARA SILVA

TD

03/20/2014

Electronic Signature of Signing Officer/Director Detail

Date