

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K50818

Entity Name: JACKSONVILLE EMERGENCY CONSULTANTS, P.A.**Current Principal Place of Business:**4311 SALISBURY RD
JACKSONVILLE, FL 32216**Current Mailing Address:**4311 SALISBURY RD
JACKSONVILLE, FL 32216**FEI Number:** 59-2924836**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIDNEY S. SIMMONS 11
1050 RIVERSIDE AVENUE
JACKSONVILLE, FL 32204 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	DR.
Name	ALEMAN, JAIME
Address	7717 ROYAL CREST DR.
City-State-Zip:	JACKSONVILLE FL 32256

Title	DR.
Name	MENZE, ROGER
Address	4511 COQUINA DR.
City-State-Zip:	JACKSONVILLE BEACH FL 32250

Title	DR.
Name	KING, KENNETH
Address	120 PONTE VEDRA EAST BLVD
City-State-Zip:	PONTE VEDRA BCH FL 32082

Title	DR.
Name	KOURY, RONALD
Address	654 QUEENS HARBOR BLVD
City-State-Zip:	JACKSONVILLE FL 32225

Title	DR.
Name	GYARMATHY, RAYMOND
Address	158 OCEANWALK DR.
City-State-Zip:	ATLANTIC BEACH FL 32233

Title	DR.
Name	ALONSO, LEONARDO
Address	831 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: RAYMOND GYARMATHY**DIRECTOR****04/30/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date