

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M96744

Entity Name: JACKSONVILLE HAND ASSOCIATES, P.A.

Current Principal Place of Business:

14546 ST AUGUSTINE RD
SUITE 405
JACKSONVILLE, FL 32258

Current Mailing Address:

14546 ST AUGUSTINE RD
SUITE 405
JACKSONVILLE, FL 32258 US

FEI Number: 59-2908622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUMPHRIES, RALPH ESQ
2700 C UNIVERSITY BLVD W
JACKSONVILLE, FL 32217 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 DPS
Name DREWNIANY, JOHN
Address 3031 FOREST CIR
City-State-Zip: JACKSONVILLE FL 32257

Title T
Name DREWNIANY, MARY BETH
Address 3031 FOREST CIRCLE
City-State-Zip: JACKSONVILLE FL 32257

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: JOHN J. DREWNIANY, MD

PHYSICIAN

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date