

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000054806

**Entity Name:** EDUARDO A. SANCHEZ, M.D., P.A.

**Current Principal Place of Business:**

1667 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1667 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207

**FEI Number:** 59-3722625

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SANCHEZ, EDUARDO M.D.  
1667 ATLANTIC BLVD.  
JACKSONVILLE, FL 32207 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:** EDUARDO A. SANCHEZ, M.D.

01/15/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name SANCHEZ, EDUARDO A. M.D.  
Address 1667 ATLANTIC BLVD.  
City-State-Zip: JACKSONVILLE FL 32207

*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:** EDUARDO A. SANCHEZ

PRACTICE  
ADMINISTRATOR

01/15/2016

Electronic Signature of Signing Officer/Director Detail

Date