

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000066967

**Entity Name:** REMELDA T. SAUNDERS-JONES M.D.,P.A.

**Current Principal Place of Business:**

1725 CAPITAL CIRCLE NE  
#305  
TALLAHASSEE, FL 33208

**Current Mailing Address:**

1725 CAPITAL CIRCLE NE  
#305  
TALLAHASSEE, FL 33208

**FEI Number:** 59-3697551

**Certificate of Status Desired:** No

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

JONES, REMELDA T  
1725 CAPITAL CIRCLE NE  
#305  
TALLAHASSEE, FL 33208 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 SAUNDERS, REMELDA T  
Address 1725 CAPITAL CIRCLE NE, #305  
City-State-Zip: TALLAHASSEE FL 33208

*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:** REMELDA SAUNDERS-JONES MD

**OWNER/MD**

**04/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date