I hereby certify that the information indicated on this report or supplemental report is true and accurat oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execut above, or on an attachment with all other like empowered.		
SIGNATURE: NATHAN R. PERRY, JR.	PRESIDENT	01/26/2023

SIGNATURE: NATHAN R. PERRY, JR.

Electronic Signature of Signing Officer/Director Detail

# **2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

#### DOCUMENT# P03000058262

Entity Name: PERRY GENERAL & INTERNAL MEDICINE OF NORTHEAST FLORIDA, INC.

## **Current Principal Place of Business:**

1301 MONUMENT RD STE 21 JACKSONVILLE, FL 32225

# **Current Mailing Address:**

1301 MONUMENT RD STE 21 JACKSONVILLE, FL 32225

# **FEI Number: NOT APPLICABLE**

### Name and Address of Current Registered Agent:

PERRY, JONATHAN M 450 S. ORANGE AVENU SUITE 650 ORLANDO, FL 3280

Certificate of Status Desired: No

The above named entity

SIGNATURE	: JONATHAN PERRY			01/26/2023
	Electronic Signature of Registered Agent			Date
Officer/Dired	ctor Detail :			
Title	D	Title	PRESIDENT AND CEO	
Name	PERRY, ROSA W	Name	PERRY, NATHAN R. JR.	
Address	1301 MONUMENT RD STE 21	Address	1301 MONUMENT RD STE 21	
City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225	

egistered office or r	registered agent, or both, in the State of	Florida.
		01/26/2023
		Date
Title	PRESIDENT AND CEO	
The	I RESIDENT AND GEO	
		egistered office or registered agent, or both, in the State of

FILED Jan 26, 2023 Secretary of State 7078589037CC

Date