City-State-Zip:	JACKSONVILLE FL 32225	City-State-Zip:	JACKSONVILLE FL 32225

Title

Name

Address

Electronic Signature of Registered Agent

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

PERRY, JONATHAN M 450 S. ÓRANGE AVENUE SUITE 650 ORLANDO, FL 32801 US

**Officer/Director Detail :** 

D

Title

Name

Address

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: PERRY, ROSA W

Electronic Signature of Signing Officer/Director Detail

# **2020 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

SIGNATURE: JONATHAN PERRY

PERRY, ROSA W

1301 MONUMENT RD STE 21

DIRECTOR

01/21/2020 Date

# FILED Jan 21, 2020 Secretary of State 9832188015CC

01/21/2020 Date

Certificate of Status Desired: No

PRESIDENT AND CEO

PERRY, NATHAN R. JR.

1301 MONUMENT RD STE 21

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.