### 2017 FLORIDA PROFIT CORPORATION AMENDED 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** 

Certificate of Status Desired: No

**FILED** Jan 30, 2017

**Secretary of State** 

CC2459060069

### Name and Address of Current Registered Agent:

PERRY, JONATHAN M 450 S. ORANGE AVENUE SUITE 650 ORLANDO, FL 32801 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: JONATHAN PERRY

01/30/2017

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title Title PRESIDENT AND CEO D PERRY, ROSA W Name Name PERRY, NATHAN R. JR. 1301 MONUMENT RD STE 21 Address 1301 MONUMENT RD STE 21 Address City-State-Zip: JACKSONVILLE FL 32225 City-State-Zip: JACKSONVILLE FL 32225

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.

Electronic Signature of Signing Officer/Director Detail

DIRECTOR