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: NATHAN PERRY

Electronic Signature of Signing Officer/Director Detail

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. ÓRANGE 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

Electronic Signature of Registered Agent

Officer/Director Detail :

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

FILED Feb 07, 2024 Secretary of State 2219872527CC

Certificate of Status Desired: No

02/07/2024

Date

02/07/2024 Date

PRESIDENT AND CEO