

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000058262

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

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC0241395828**

**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**

**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**

**01/06/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name PERRY, ROSA W  
Address 1301 MONUMENT RD STE 21  
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.*

**SIGNATURE: ROSA W. PERRY**

**DIRECTOR**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date