## 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

Electronic Signature of Signing Officer/Director Detail

DIRECTOR

06/24/2016

# **Current Mailing Address:**

1301 MONUMENT RD STE 21

### FEI Number: NOT APPLICABLE

### 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

Electronic Signature of Registered Agent

#### **Officer/Director Detail :**

Title D PERRY, ROSA W Name 1301 MONUMENT RD STE 21 Address JACKSONVILLE FL 32225 City-State-Zip:

# 2016 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

JACKSONVILLE, FL 32225

Certificate of Status Desired: No

FILED Jun 24, 2016 Secretary of State CC6455083570

> 06/24/2016 Date