#### 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 R. PERRY, JR.

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

#### 02/10/2025

Date

# 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. 02/10/2025

Date

FILED Feb 10, 2025 Secretary of State 0374025103CC

Certificate of Status Desired: No

#### 2025 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

PRESIDENT AND CEO

PERRY, NATHAN R. JR. 1301 MONUMENT RD STE 21

JACKSONVILLE FL 32225

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

Electronic Signature of Registered Agent

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

**Officer/Director Detail :** 

Title Name

Address

City-State-Zip: