

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000065416

**Entity Name:** JEFFREY H. SAPOLSKY, M.D., P.A.

**Current Principal Place of Business:**

1 SHIRCLIFF WAY  
EMERGENCY DEPARTMENT  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

1 SHIRCLIFF WAY  
EMERGENCY DEPARTMENT  
JACKSONVILLE, FL 32204

**FEI Number:** 59-3328860

**Certificate of Status Desired:** No

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

SAPOLSKY, JEFFREY HM.D.  
ST. VINCENT'S MEDICAL CENTER  
1 SHIRCLIFF WAY  
JACKSONVILLE, FL 32204 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name SAPOLSKY, JEFFREY HM.D.  
Address ST. VINCENT'S MEDICAL CENTER  
City-State-Zip: JACKSONVILLE FL 32204

*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:** JEFFREY H SAPOLSKY

**PRESIDENT**

**01/26/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date