

2014 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, MD

PRESIDENT

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date