

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17000044266

Entity Name: NASRULLAH MEDICALCARE OF JAX., P.A.

Current Principal Place of Business:

4466 SWILCAN BRIDGE LANE, NORTH
JACKSONVILLE, FL 32224

Current Mailing Address:

4466 SWILCAN BRIDGE LANE, NORTH
JACKSONVILLE, FL 32224 US

FEI Number: 82-1608649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GHAFOOR, NASRULLAH DR.
4466 SWILCAN BRIDGE LANE, NORTH
JACKSONVILLE, FL 32224 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 DPST
Name GHAFOOR, NASRULLAH M.D.
Address 4466 SWILCAN BRIDGE LANE, NORTH
City-State-Zip: JACKSONVILLE FL 32224

Title VP
Name GHAFOOR, NASRULLAH M.D.
Address 4466 SWILCAN BRIDGE LANE, NORTH
City-State-Zip: JACKSONVILLE FL 32224

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: GHAFOOR, NASRULLAH, MD

OWNER

03/14/2018

Electronic Signature of Signing Officer/Director Detail

Date