2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2025
Secretary of State
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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	Title	VP
Name	GHAFOOR, NASRULLAH M.D.	Name	GHAFOOR, NASRULLAH M.D.
Address	4466 SWILCAN BRIDGE LANE, NORTH	Address	4466 SWILCAN BRIDGE LANE, NORTH
City-State-Zip:	JACKSONVILLE FL 32224	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: NASRULLAH GHAFOOR DPST 03/06/2025

Electronic Signature of Signing Officer/Director Detail — Date