

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P18000031771

Entity Name: SURGERY CONSULTANTS OF JACKSONVILLE INC

Current Principal Place of Business:

4054 SAWYER ROAD
SARASOTA, FL 34233

Current Mailing Address:

PO BOX 25368
SARASOTA, FL 34277 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAYNE, VINCENT
4054 SAWYER ROAD
SARASOTA, FL 34233 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 P
Name KOMPOTHECRAS, GARY
Address 4054 SAWYER ROAD
City-State-Zip: SARASOTA FL 34233

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: GARY KOMPOTHECRAS

MGR

04/22/2019

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date