

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000023887

**Entity Name:** RONYA SILMI,M.D., P.A.

**Current Principal Place of Business:**

220 RIVERSIDE AVE,UNIT 331  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

220 RIVERSIDE AVE,UNIT 331  
JACKSONVILLE, FL 32202

**FEI Number: 88-1749700**

**Certificate of Status Desired: No**

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

HULSEY, SMITH  
ONE INDEPENDENT DRIVE, SUITE 3300  
JACKSONVILLE, FL 32202 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            D  
Name            SILMI, RONYA  
Address        220 RIVERSIDE AVE,UNIT 331  
City-State-Zip: JACKSONVILLE FL 32202

Title            P,TS  
Name            SILMI, RONYA  
Address        220 RIVERSIDE AVE,UNIT 331  
City-State-Zip: JACKSONVILLE FL 32202

*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: RONYA SILMI**

**OFFICER**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date