

2025 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P22000052731

Entity Name: GRANT P. BARKER, MD, P.A.

Current Principal Place of Business:

1640 ABERDEEN STREET
JACKSONVILLE, FL 32205

Current Mailing Address:

1640 ABERDEEN STREET
JACKSONVILLE, FL 32205 US

FEI Number: 88-3240293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BARKER, GRANT DR.
1640 ABERDEEN STREET
JACKSONVILLE, FL 32205 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: GRANT BARKER MD

02/06/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name GRANT P. BARKER, MD
Address 1640 ABERDEEN STREET
City-State-Zip: JACKSONVILLE FL 32205

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: GRANT P. BARKER, M.D.

PSTD

02/06/2025

Electronic Signature of Signing Officer/Director Detail

Date