above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000072527

Entity Name: JACK H. SOLIMAN, M.D., P.A.

Current Principal Place of Business:

6100 ST JOHNS AVE A PALATKA, FL 32177

## **Current Mailing Address:**

6100 ST JOHNS AVE A PALATKA, FL 32177 US

## FEI Number: 59-3269935

## Name and Address of Current Registered Agent:

SOLIMAN, JACK H DR. 6100 ST JOHNS AVE SUITE A PALATKA, FL 32177 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	i JACK H. SOLIMAN			06/17/2020
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	PRESIDENT	Title	S	
Name	SOLIMAN, JACK H	Name	SOLIMAN, JANE	
Address	6100 ST JOHNS AVE STE A	Address	3000 S SEMORAN BLVD UNIT 1	1
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	ORLANDO FL 32822	

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



FILED Jun 17, 2020 Secretary of State 4559470082CC

Certificate of Status Desired: No

Date