

**2023 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

**Certificate of Status Desired:** No

**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:** JACK H. SOLIMAN

04/19/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            SOLIMAN, JACK H  
Address        6100 ST JOHNS AVE STE A  
City-State-Zip: PALATKA FL 32177

Title            S  
Name            SOLIMAN, JANE  
Address        3000 S SEMORAN BLVD UNIT 11  
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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** JACK SOLIMAN

PRES

04/19/2023

Electronic Signature of Signing Officer/Director Detail

Date