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			

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2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

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

Current Principal Place of Business:

6100 ST JOHNS AVE А PALATKA, FL 32177

Current Mailing Address:

6100 ST JOHNS AVE А 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	: JACK H. SOLIMAN			04/19/2023
	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 11	l
City-State-Zip:	PALATKA FL 32177	City-State-Zip:	ORLANDO FL 32822	

SIGNATURE: JACK SOLIMAN

Electronic Signature of Signing Officer/Director Detail

FILED Apr 19, 2023 Secretary of State 4026278987CC

Certificate of Status Desired: No

Date