FEI Number: 59-3466617				Certificate of Status Desired:		
Name and	Address of Curre	nt Registered Agent:				
AKEL, TISER 5172 NORMAI JACKSONVILI	NDY BLVD LE, FL 32205-4826 U	3				
The above name	ed entity submits this state	ment for the purpose of changin	ng its registered office or r	egistered agent, or both, in the State o	of Florida.	
SIGNATUR	E:					
	Electronic Signatu	re of Registered Agent				
Officer/Dire	ector Detail :					
Title	PD		Title	TD		
Name	AKEL, TISER		Name	AKEL, CHARLIE		

Address

City-State-Zip:

5172 NORMANDY BLVD JACKSONVILLE, FL 32205-4826

DOCUMENT# P97000079269

Entity Name: TMC OF JAX, INC.

Current Principal Place of Business:

Current Mailing Address:

5172 NORMANDY BLVD JACKSONVILLE, FL 32205-4826

FE 50 0400047

Address

Title

Name

Address

City-State-Zip:

City-State-Zip:

Na

5172 NORMANDY BLVD

5172 NORMANDY BLVD

AKEL, MICHAEL

JACKSONVILLE FL 32205-4826

JACKSONVILLE FL 32205-4826

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

SD

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: TISER AKEL

Date

Electronic Signature of Signing Officer/Director Detail

4 Statu _ ed: No

5172 NORMANDY BLVD

JACKSONVILLE FL 32205-4826

PRES

Date