

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000096288

**Entity Name:** ROGERS CAIN, M.D., P.A.

**Current Principal Place of Business:**

9390 LEM TURNER RD  
ONE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

9390 LEM TURNER RD  
ONE  
JACKSONVILLE, FL 32208

**FEI Number:** 59-3612977

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAIN, JELYSIA IVRENA  
13637 MARSH HARBOR DRIVE NORTH  
JACKSONVILLE, FL 32225 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:** JELYSIA CAIN

04/27/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PST  
Name CAIN, ROGERS M.D.  
Address 9390 LEM TURNER RD # 1  
City-State-Zip: JACKSONVILLE FL 32208

*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:** ROGERS CAIN

OWNER

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date