

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000101631

Entity Name: PHYSICIAN ASSOCIATES OF JACKSONVILLE, P.A.

Current Principal Place of Business:

3 SHIRCLIFF WAY
SUITE 525
JACKSONVILLE, FL 32204

Current Mailing Address:

12870 BRODICK COURT
JACKSONVILLE, FL 32224

FEI Number: 59-3611260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAVICHANDRAN, NAGAMANIKKAM M.D.
12870 BRODICK COURT
JACKSONVILLE, FL 32224 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DR.
Name RAVICHANDRAN, NAGAMANIKKAM
M.D.
Address 12870 BRODICK COURT
City-State-Zip: JACKSONVILLE FL 32224

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: NAGAMANIKKAM RAVICHANDRAN

PRESIDENT

02/08/2019

Electronic Signature of Signing Officer/Director Detail

Date