

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115530

Entity Name: NORTH FLORIDA MEDICAL SERVICES, LLC**Current Principal Place of Business:**11945 SAN JOSE BLVD
BLDG 300
JACKSONVILLE, FL 32223**Current Mailing Address:**11945 SAN JOSE BLVD
BLDG 300
JACKSONVILLE, FL 32223**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BERLIN, JOHN P
11945 SAN JOSE BLVD.
BLDG 300
JACKSONVILLE, FL 32223 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

Authorized Person(s) Detail :

Title MGR, PRESIDENT
Name BERLIN, JOHN P
Address 11945 SAN JOSE BLVD BLDG 300
City-State-Zip: JACKSONVILLE FL 32223

Title MANAGER AND SECRETARY
Name HARTIGAN, JOSEPH MD
Address 1370 13TH AVENUE SOUTH
SUITE 116
City-State-Zip: JACKSONVILLE FL 32250

Title MANAGER
Name JONES, NORMAN ALEXANDER MD
Address 2407 RUTH HENTZ AVENUE
City-State-Zip: PANAMA CITY FL 32405

Title MANAGER
Name CALUDA, MICHAEL MD
Address 4012 N 9TH AVE
City-State-Zip: PENSACOLA FL 32503

Title MANAGER AND VICE PRESIDENT
Name CHAPPANO, PAUL MD
Address 2 SHIRCLIFF WAY
SUITE 500
City-State-Zip: JACKSONVILLE FL 32204

Title MANAGER
Name STANKARD, CHARLES MD
Address 1555 KINGSLEY AVENUE
SUITE 503
City-State-Zip: ORANGE PARK FL 32073

Title MANAGER
Name EDWARDS, JEFFERSON MD
Address 14540 OLD ST. AUGUSTINE ROAD
SUITE 2571
City-State-Zip: JACKSONVILLE FL 32258

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN BERLIN**MGR****04/11/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date