

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000162275

**Entity Name:** NORTH FLORIDA MEDICAL ASSOCIATES, PLLC

**Current Principal Place of Business:**

4131 UNIVERSITY BLVD. SOUTH  
BLDG #8  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

4131 UNIVERSITY BLVD. SOUTH  
BLDG #8  
JACKSONVILLE, FL 32216 US

**FEI Number:** 59-2915849

**Certificate of Status Desired:** No

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

DEWAN, DEVRY  
7006 ATLANTIC BLVD  
JACKSONVILLE, FL 32211 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:** DEVRV DEWAN

02/11/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           SAIKALI, ELIAS MD  
Address        4131 UNIVERSITY BLVD. SOUTH  
                  BLDG #8  
City-State-Zip: JACKSONVILLE FL 32216

*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:** ELIAS SAIKALI

MRG

02/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date