

2023 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:

P.O.BOX 551666
JACKSONVILLE, FL 32255 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

02/16/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name SAIKALI, ELIAS MD
Address P.O.BOX 551666
City-State-Zip: JACKSONVILLE FL 32255

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

MANAGER

02/16/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date