

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000004596

Entity Name: JACKSONS' POINT OF LIGHT FAMILY MEDICINE, INC.**Current Principal Place of Business:**1810 STADIUM DRIVE, SUITE 210
PHENIX CITY, AL 36867**Current Mailing Address:**P.O. BOX 1045
PHENIX CITY, AL 36868-1045 US**FEI Number:** 26-0638767**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JACKSON, KIMBERLY MD
36468 EMERALD COAST PARKWAY, STE 2201
DESTIN, FL 32541 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	PVCD
Name	JACKSON, KIMBERLY MD
Address	1810 STADIUM DRIVE, SUITE 210
City-State-Zip:	PHENIX CITY AL 36867

Title	VTCD
Name	JACKSON, DERRIC
Address	1810 STADIUM DRIVE, SUITE 210
City-State-Zip:	PHENIX CITY AL 36867

Title	S
Name	JACKSON, ALANNA
Address	1810 STADIUM DRIVE, SUITE 210
City-State-Zip:	PHENIX CITY AL 36867

Title	CEO
Name	JACKSON, DERRIC
Address	1810 STADIUM DRIVE, SUITE 210
City-State-Zip:	PHENIX CITY AL 36867

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: DERRIC N JACKSON

CEO

01/31/2021

Electronic Signature of Signing Officer/Director Detail_____
Date