

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L91316

FILED  
Mar 02, 2011  
Secretary of State

**Entity Name:** GROWTH POINTE-MARY L. SFERRE, P.A.

**Current Principal Place of Business:**

17 PACIFIC ST #B  
SAINT AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

17 PACIFIC ST #B  
SAINT AUGUSTINE, FL 32084

**New Mailing Address:**

FEI Number: 59-3024308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SFERRE, MARY L.  
17 PACIFIC ST #B  
SAINT AUGUSTINE, FL 32084 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: SFERRE, MARY L.  
Address: 17 PACIFIC ST B  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: VD  
Name: SFERRE, MARY L.  
Address: 17 PACIFIC ST B  
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: MARY L SFERRE

P

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date