

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 574510

Entity Name: JOHN Q. STAUFFER, M.D., P.A.

Current Principal Place of Business:

2919 W. SWANN AVE.
SUITE #205
TAMPA, FL 33609

Current Mailing Address:

2919 W. SWANN AVE.
SUITE #205
TAMPA, FL 33609

FEI Number: 59-1828425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAUFFER, JOHN Q.M.D.
2919 W. SWANN AVE.
SUITE #205
TAMPA, FL 33609 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 PTD
Name STAUFFER, JOHN Q.
Address 4915 NEW PROVIDENCE AVE.
City-State-Zip: TAMPA FL 33629

Title S
Name STAUFFER, LESLIE
Address 4915 NEW PROVIDENCE AVE.
City-State-Zip: TAMPA FL 33629

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: JOHN Q. STAUFFER

DOCTOR

06/18/2014

Electronic Signature of Signing Officer/Director Detail

Date