#### 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: GARY RONAY MD

Electronic Signature of Signing Officer/Director Detail

Entity Name: GARY RONAY, M.D., P.A.

## **Current Principal Place of Business:**

503 EICHENFELD DRIVE SUITE 104 BRANDON, FL 33511

DOCUMENT# J52057

### **Current Mailing Address:**

803 COTTAGE HILL WAY BRANDON, FL 33511 US

### FEI Number: 59-2758114

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

RONAY, GARY M.D. 803 COTTAGE HILL WAY BRANDON, FL 33511 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

#### **Officer/Director Detail :**

DR	Title	MS.
RONAY, GARY	Name	RONAY, JOANNE L
803 COTTAGE HILL WAY	Address	803 COTTAGE HILL WAY
BRANDON FL 33511	City-State-Zip:	BRANDON FL 33511
	DR RONAY, GARY 803 COTTAGE HILL WAY	DRTitleRONAY, GARYName803 COTTAGE HILL WAYAddress

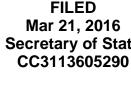
Certificate of Status Desired: No

Secretary of State CC3113605290

03/21/2016

Date

# 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT



PRESIDENT

Date