

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L91316

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

**Current Principal Place of Business:**

17 PACIFIC ST #B  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

17 PACIFIC ST #B  
SAINT AUGUSTINE, FL 32084

**FEI Number: 59-3024308**

**Certificate of Status Desired: No**

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

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

**PRESIDENT**

**04/17/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date