

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000013293

Entity Name: THE PREVENTIVE MEDICINE CENTER OF GAINESVILLE, INC.

Current Principal Place of Business:

905 NW 56TH TERR
SUITE B
GAINESVILLE, FL 32605

Current Mailing Address:

13808 NW 21ST LANE
GAINESVILLE, FL 32606

FEI Number: 59-3627886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ERICKSON, ROBERT A DR.
13808 NW 21ST LANE
GAINESVILLE, FL 32606 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: DR. ROBERT A ERICKSON

01/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D	Title	S
Name	ERICKSON, ROBERT AM.D.	Name	ERICKSON, JUDITH
Address	13808 NW 21ST LANE	Address	1308 NW 21ST LANE
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606

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: ERICKSON, ROBERT, A, DR

MEDICAL DIRECTOR

01/15/2015

Electronic Signature of Signing Officer/Director Detail

Date