

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019742

Entity Name: DANNY MCMILLAN FARMER M.D., P.A.

Current Principal Place of Business:

570 MEMORIAL CIRCLE STE 110
ORMOND BEACH, FL 32174

Current Mailing Address:

570 MEMORIAL CIRCLE STE 110
ORMOND BEACH, FL 32174 US

FEI Number: 59-2863130

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOGUIDICE, JOSEPH A
1515 RIDGEWOOD AVE., STE A
HOLLY HILL, FL 32117 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 D
Name FARMER, DANNY
Address 570 MEMORIAL CIRCLE STE 110
City-State-Zip: ORMOND BEACH FL 32174

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: DANNY FARMER

D

03/25/2014

Electronic Signature of Signing Officer/Director Detail

Date