## 2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101493

Entity Name: SHARON V. WARD, M.D., P.A.

**Current Principal Place of Business:** 

3134 NORTHSIDE DR. KEY WEST, FL 33040

**Current Mailing Address:** 

3134 NORTHSIDE DR. KEY WEST, FL 33040 US

FEI Number: 65-1154481 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILCOX, ROBERT G 1414 WHITE ST KEY WEST, FL 33040 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

FILED Mar 09, 2016

**Secretary of State** 

CC1720131756

Officer/Director Detail:

Title PTD Title VST

 Name
 WARD, SHARON V
 Name
 WILCOX, ROBERT G

 Address
 1414 WHITE ST
 Address
 1414 WHITE ST

 City-State-Zip:
 KEY WEST FL 33040
 City-State-Zip:
 KEY WEST FL 33040

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: ROBERT G. WILCOX

Electronic Signature of Signing Officer/Director Detail

VICE PRESIDENT 03/09/2016

Date