

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000026411

**Entity Name:** NICOLE CHRISTINE HAMMONS-DOVGOPOLYI, P.A.

**Current Principal Place of Business:**

946 MACEWEN DRIVE  
OSPREY, FL 34229

**Current Mailing Address:**

946 MACEWEN DRIVE  
OSPREY, FL 34229

**FEI Number:** 20-2416775

**Certificate of Status Desired:** No

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

COMPTON, JOHN M  
1819 MAIN STREET  
SUITE 610  
SARASOTA, FL 34236 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                          | Title           | D                  |
| Name            | HAMMONS-DOVGOPOLYI, NICOLE | Name            | DOVGOPOLYI, ALEXEI |
| Address         | 946 MACEWEN DRIVE          | Address         | 946 MACEWEN DRIVE  |
| City-State-Zip: | OSPREY FL 34229            | City-State-Zip: | OSPREY FL 34229    |

*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:** NICOLE HAMMONS-DOVGOPOLYI

D

03/14/2014

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

\_\_\_\_\_  
Date