

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000125249

**Entity Name:** M. CATHERINE FARRELL, P.A.

**Current Principal Place of Business:**

5 STOKESIA CT  
HOMOSASSA, FL 34446

**Current Mailing Address:**

PO BOX 962  
HOMOSASSA SPRINGS, FL 34447

**FEI Number:** 20-3458907

**Certificate of Status Desired:** No

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

FARRELL, M. CATHERINE  
5 STOKESIA CT  
HOMOSASSA, FL 34446 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  
Name FARRELL, M. CATHERINE  
Address 5 STOKESIA CT  
City-State-Zip: HOMOSASSA FL 34446

*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:** M. CATHERINE FARRELL

PST

03/06/2016

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

\_\_\_\_\_ Date