

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000035645

**Entity Name:** DR. ANTHONY EFRE PA

**Current Principal Place of Business:**

5020 BARROWE DRIVE  
TAMPA, FL 33624

**Current Mailing Address:**

P.O. BOX 270928  
TAMPA, FL 33688 US

**FEI Number:** 20-4760212

**Certificate of Status Desired:** No

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

EFRE, ANTHONY DR.  
5020 BARROWE DRIVE  
TAMPA, FL 33624 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	DPT	Title	DVS
Name	EFRE, ANTHONY DR.	Name	EFRE, ANDREA
Address	5020 BARROWE DR.	Address	5020 BARROWE DR.
City-State-Zip:	TAMPA FL 33624	City-State-Zip:	TAMPA FL 33624

*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:** DR. ANTHONY EFRE

DPT

02/03/2023

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

\_\_\_\_\_  
Date