

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000011643

**Entity Name:** ALBA MARIN MUIRHEAD, P.A.

**Current Principal Place of Business:**

9869 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**FILED**  
**Apr 28, 2015**  
**Secretary of State**  
**CC4873663231**

**Current Mailing Address:**

9869 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467

**FEI Number: 20-8307468**

**Certificate of Status Desired: Yes**

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

MUIRHEAD, ALBA M  
9869 SAVANNAH ESTATES DRIVE  
LAKE WORTH, FL 33467 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	PRES	Title	DIRECTOR - MARKETING
Name	MUIRHEAD, ALBA M	Name	MUIRHEAD, LARRY D
Address	9869 SAVANNAH ESTATES DRIVE	Address	9869 SAVANNAH ESTATES DRIVE
City-State-Zip:	LAKE WORTH FL 33467	City-State-Zip:	LAKE WORTH FL 33467

*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: ALBA MARIN MUIRHEAD**

**PRESIDENT**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date