

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000031707

**Entity Name:** ANNE M. MALLEY, P.A.

**Current Principal Place of Business:**

36739 STATE RD 52  
SUITE 105  
DADE CITY, FL 33525

**Current Mailing Address:**

36739 STATE RD 52  
SUITE105  
DADE CITY, FL 33525 US

**FEI Number:** 26-3505113

**Certificate of Status Desired:** No

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

MALLEY, ANNE M  
36739 STATE ROAD 52  
SUITE 105  
DADE CITY, FL 33525 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  
Name            MALLEY, ANNE M  
Address        36739 STATE RD 52  
                  SUITE 105  
City-State-Zip: DADE CITY FL 33525

*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:** ANNE MALLEY

**DIRECTOR**

**04/01/2019**

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

\_\_\_\_\_  
Date