## 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: PAULA A. WILLIS

Electronic Signature of Signing Officer/Director Detail

# 2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P11000071307

## Entity Name: PAULA A. WILLIS, P.A. - FLORIDA HEALTH LAW ATTORNEY

### **Current Principal Place of Business:**

113 S MONROE STREET FIRST FLOOR TALLAHASSEE, FL 32301

### **Current Mailing Address:**

**113 S MONROE STREET** FIRST FLOOR TALLAHASSEE, FL 32301 US

### FEI Number: 45-2948219

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

WILLIS, PAULA AESQUIRE 113 S MONROE STREET FIRST FLOOR TALLAHASSEE, FL 32301 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

#### **Officer/Director Detail :**

Title	P
Name	WILLIS, PAULA AP
Address	113 S MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301

Certificate of Status Desired: Yes

01/27/2013 PRESIDENT

Date

## FILED Jan 27, 2013 Secretary of State CC9439954428

Date