

**2017 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:**

5745 SW 75TH STREET  
NO 197  
GAINESVILLE, FL 32608 US

**FEI Number:** 45-2948219

**Certificate of Status Desired:** No

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

WILLIS, PAULA AESQUIRE  
5745 SW 75TH STREET  
NO 197  
GAINESVILLE, FL 32608 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 P  
Name WILLIS, PAULA AP  
Address 113 S MONROE STREET  
City-State-Zip: TALLAHASSEE FL 32301

*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

**PRESIDENT**

**04/30/2017**

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

\_\_\_\_\_  
Date