

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000044643

**Entity Name:** ELDEMIRE PRACTICE, INC.

**Current Principal Place of Business:**

2425 E COMMERCIAL BLVD SUITE 400  
FT LAUDERDALE, FL 33308

**Current Mailing Address:**

9041 NW 24 PL.  
SUNRISE, FL 33322 US

**FEI Number:** 46-0555061

**Certificate of Status Desired:** No

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

ELDEMIRE, APRIL  
9041 NW 24TH PL  
SUNRISE, FL 33322 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            ELDEMIRE, APRIL  
Address        9041 NW 24 PL.  
City-State-Zip: SUNRISE FL 33322

*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:** APRIL ELDEMIRE

**PRESIDENT**

**01/12/2015**

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

\_\_\_\_\_  
Date