

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000080640

**Entity Name:** JACQUELINE BOUTROUILLE, M.D., P.A.

**Current Principal Place of Business:**

7880 N. UNIVERSITY DR.  
303  
TAMARAC, FL 33321

**Current Mailing Address:**

7880 N. UNIVERSITY DR.  
303  
TAMARAC, FL 33321 US

**FEI Number:** 46-1041282

**Certificate of Status Desired:** No

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

BOUTROUILLE, JACQUELINE  
2900 NE 48TH ST.  
LIGHTHOUSE POINT, FL 33064 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 BOUTROUILLE, JACQUELINE  
Address 2900 NE 48TH STREET  
City-State-Zip: LIGHTHOUSE POINT FL 33064

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:** JACQUELINE BOUTROUILLE MD PA

**OWNER**

**01/12/2015**

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

\_\_\_\_\_  
Date