

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000025149

**FILED  
Apr 30, 2015  
Secretary of State  
CC8598476863**

**Entity Name:** RAYMOND STRACK P.A.

**Current Principal Place of Business:**

7040 SEMINOLE PRATT WHITNEY ROAD  
SUITE 25-61  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

7040 SEMINOLE PRATT WHITNEY ROAD  
SUITE 25-61  
LOXAHATCHEE, FL 33470

**FEI Number:** 46-2303636

**Certificate of Status Desired:** No

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

STRACK, RAYMOND  
7040 SEMINOLE PRATT WHITNEY ROAD  
SUITE 25-61  
LOXAHATCHEE, FL 33470 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 STRACK, RAYMOND  
Address 7040 SEMINOLE PRATT WHITNEY ROAD #25-61  
City-State-Zip: LOXAHATCHEE, FL 33470

Title VP  
Name STRACK, RAYMOND  
Address 7040 SEMINOLE PRATT WHITNEY ROAD #25-61  
City-State-Zip: LOXATCHEE FL 33470

Title SECT  
Name STRACK, RAYMOND  
Address 7040 SEMINOLE PRATT WHITNEY ROAD #25-61  
City-State-Zip: LOXAHATCHEE FL 33470

Title TREA  
Name STRACK, RAYMOND  
Address 7040 SEMINOLE PRATT WHITNEY ROAD #25-61  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** RAYMOND STRACK

**PRES**

**04/30/2015**

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

\_\_\_\_\_  
Date