

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000047603

**Entity Name:** TRINA PARTON MENEFEE, P.A.

**Current Principal Place of Business:**

6425 HILLCREST PARK COURT  
SUITE A  
MOBILE, AL 36695

**Current Mailing Address:**

6425 HILLCREST PARK COURT  
SUITE A  
MOBILE, AL 36695 US

**FEI Number:** 47-0968176

**Certificate of Status Desired:** No

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

MENEFEE, TRINA P  
6425 HILLCREST PARK COURT  
SUITE A  
MOBILE, FL 36695 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 MENEFEE, TRINA P  
Address 6425 HILLCREST PARK CT, SUITE A  
SUITE A  
City-State-Zip: MOBILE AL 36695

*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:** TRINA MENEFEE

**PRESIDENT**

**05/01/2023**

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

\_\_\_\_\_  
Date