

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000063558

**Entity Name:** CATHERINE C. GRIEVE, P.A.

**Current Principal Place of Business:**

55 OCEAN LANE  
SUITE 4018  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

55 OCEAN LANE  
SUITE 4018  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 47-1461574

**Certificate of Status Desired:** No

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

HEARON, WILLIAM C  
ONE S.E. THIRD AVENUE  
SUITE 3000  
MIAMI, FL 33131 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 GRIEVE, CATHERINE C  
Address 55 OCEAN LANE, SUITE 4018  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** CATHERINE C. GRIEVE

**PRESIDENT**

**03/24/2015**

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

\_\_\_\_\_  
Date