

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000039541

**Entity Name:** PROVEAMERIS CORP

**Current Principal Place of Business:**

3181 NW 126TH TERR.  
SUNRISE, FL 33323

**Current Mailing Address:**

3181 NW 126TH TERR.  
SUNRISE, FL 33323 US

**FEI Number:** 47-3904037

**Certificate of Status Desired:** No

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

CONSULTING SERVICES OF SOUTH FLORIDA, INC  
2121 PONCE DE LEON BLVD  
SUITE 1050  
CORAL GABLES, FL 33134 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	PD	Title	SD
Name	CHACON, EDWARD K	Name	MILDE, KATHERINE J
Address	3181 NW 126TH TERR	Address	3181 NW 126TH TERR
City-State-Zip:	SUNRISE FL 33323	City-State-Zip:	SUNRISE FL 33323

*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:** EDWARD K CHACON

PD

04/26/2017

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

\_\_\_\_\_  
Date