STREET - SECOND FLOOR			
ling Address:			
FEI Number: 47-4101784		Certificate of Status Desired: No	
Address of Current Registered Agent	:		
STREET			
d entity submits this statement for the purpose of chang	ing its registered office or regis	tered agent, or both, in the State of Florida.	
E: F. DAVID FAMULARI		0,	1/16/2020
Electronic Signature of Registered Agent			Date
ctor Detail :			
D	Title	D	
FAMULARI, F. DAVID	Name	FAMULARI, NANCY L	
2332 GALIANO STREET 2ND FLOOR	Address	2332 GALIANO STREET - SECONE FLOOR)
CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134	
	A STREET - SECOND FLOOR S, FL 33134 Siling Address: NO STREET - SECOND FLOOR BLES, FL 33134 C 47-4101784 Address of Current Registered Agent DAVID STREET S, FL 33134 US d entity submits this statement for the purpose of change F. DAVID FAMULARI Electronic Signature of Registered Agent Ctor Detail : D FAMULARI, F. DAVID 2332 GALIANO STREET 2ND FLOOR	A STREET - SECOND FLOOR S, FL 33134 Hing Address: NO STREET - SECOND FLOOR BLES, FL 33134 T: 47-4101784 Address of Current Registered Agent: DAVID STREET S, FL 33134 US d entity submits this statement for the purpose of changing its registered office or registered agent Electronic Signature of Registered Agent Ctor Detail : D Title FAMULARI, F. DAVID Name 2332 GALIANO STREET Address	Iling Address: NO STREET - SECOND FLOOR BLES, FL 33134 Certificate of Status Desired Address of Current Registered Agent: DAVID STREET ES, FL 33134 US d entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. E: <u>F. DAVID FAMULARI</u> O' Electronic Signature of Registered Agent Ctor Detail : D Title D FAMULARI, F. DAVID Name FAMULARI, NANCY L 2332 GALIANO STREET 2ND FLOOR AGENT

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: F. DAVID FAMULARI

Electronic Signature of Signing Officer/Director Detail

01/16/2020

FILED Jan 16, 2020 Secretary of State

9610376748CC

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P15000046516

Entity Name: F. DAVID FAMULARI, P.A.

Current Principal Place of Business: