

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P92000014298

**Entity Name:** F. LEIGH PHILLIPS, III, M.D., P.A.

**Current Principal Place of Business:**

2855 N. UNIVERSITY DR  
SUITE 400  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

2855 N. UNIVERSITY DR  
SUITE 400  
CORAL SPRINGS, FL 33065 US

**FEI Number:** 65-0374602

**Certificate of Status Desired:** No

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

PHILLIPS, F. LEIGH III  
2855 N. UNIVERSITY DRIVE  
SUITE 400  
CORAL SPRINGS, FL 33065 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            OWNER  
Name            PHILLIPS, F. LEIGH III  
Address        2855 N. UNIVERSITY DRIVE  
City-State-Zip: CORAL SPRINGS FL 33065

*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. LEIGH PHILLIPS, III, M.D.

**PHYSICIAN**

**07/05/2017**

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

\_\_\_\_\_  
Date