2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2015
Secretary of State
CC2839132379

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Entity Name: COPYFAX OF GAINESVILLE, INC.

Current Principal Place of Business:

605 NW 53RD AVENUE
SUITE B
GAINESVILLE, FL 32609

Current Mailing Address:

605 NW 53RD AVENUE
SUITE B
GAINESVILLE, FL 32609 US

FEI Number: 59-3199148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEFOOR, LARRY
8475 WESTERN WAY
SUITE 110
JACKSONVILLE, FL 32256 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	VD
Name	MILLER, SCOTT	Name	DEFOOR, LARRY
Address	605 NW 53RD AVENUE SUITE B	Address	8475 WESTERN WAY SUITE 110
City-State-Zip:	GAINESVILLE FL 32609	City-State-Zip:	JACKSONVILLE FL 32256

Title	VD
Name	GRICE, JAMES M
Address	8475 WESTERN WAY SUITE 110
City-State-Zip:	JACKSONVILLE FL 32256

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: JAMES M GRICE VD 04/15/2015

Electronic Signature of Signing Officer/Director Detail — Date