

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000060631

**Entity Name:** CLASSICAL MEDICINE OF ST. PETERSBURG, INC.

**Current Principal Place of Business:**

1432 DR MARTIN LUTHER KING JR. STREET NOR  
ST PETERSBURG, FL 33704

**Current Mailing Address:**

1432 DR MARTIN LUTHER KING JR. STREET NOR  
ST PETERSBURG, FL 33704 US

**FEI Number:** 59-3263789

**Certificate of Status Desired:** No

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

KEANE, LAURA  
1432 DR M L. KING JR. ST N  
ST. PETERSBURG, FL 33704 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 DP  
Name KEANE, LAURA  
Address 1432 DR. M.L. KING ST. N.  
City-State-Zip: ST. PETERSBURG FL 33704

*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:** LAURA KEANE

**PRESIDENT**

**01/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date