

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000079243

Entity Name: G. BROCK MAGRUDER, M.D., P.A.**Current Principal Place of Business:**1911 N. MILLS AVE.
ORLANDO, FL 32803**Current Mailing Address:**1911 N. MILLS AVE.
ORLANDO, FL 32803**FEI Number: 59-3347759****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEHR, JOHN T
1911 N. MILLS AVE.
ORLANDO, FL 32803 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	P	Title	S
Name	LEHR, JOHN T. M.D.	Name	GRAHAM, MICHAEL MD
Address	1911 N. MILLS AVE.	Address	1911 N. MILLS AVE.
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR	Title	DIRECTOR
Name	BENEKE, JOHN A DR.	Name	POHLOD, MICHAEL E DR.
Address	1911 N. MILLS AVE.	Address	1911 N. MILLS AVE.
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR	Title	DIRECTOR
Name	HERSCHEL, MARK KELLY DR.	Name	TARLE, IVAN DR.
Address	1911 N. MILLS AVE.	Address	1911 N. MILLS AVE.
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803
Title	DIRECTOR		
Name	CENTNER, DONALD DR.		
Address	1911 N. MILLS AVE.		
City-State-Zip:	ORLANDO FL 32803		

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: JOHN T. LEHR**PRESIDENT****01/16/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date