

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000006077

**Entity Name:** JOHN FRANCIS O'BRIEN, M.D., P.A.

**Current Principal Place of Business:**

3005 S OSCEOLA AVE  
ORLANDO, FL 32806

**Current Mailing Address:**

3005 S OSCEOLA AVE  
ORLANDO, FL 32806 US

**FEI Number: 59-3493306**

**Certificate of Status Desired: No**

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

O'BRIEN, JOHN MD  
3090 CARUSO COURT  
SUITE 20  
ORLANDO, FL 32806 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 DR  
Name O'BRIEN, JOHN F DR.  
Address 3005 S OSCEOLA AVE  
City-State-Zip: ORLANDO FL 32806

*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 F. O'BRIEN, MD**

**DR.**

**01/17/2018**

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

\_\_\_\_\_  
Date