

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F14000001140

Entity Name: MEARA WELCH BROWNE, P.C., P.A.**Current Principal Place of Business:**1239 ORANGE COURT
MARCO ISLAND, FL 34145-2325**Current Mailing Address:**2020 WEST 89TH STREET
LEAWOOD, KS 66206-1947**FEI Number: 43-1618427****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MEARA, JOHN W
1239 ORANGE COURT
MARCO ISLAND, FL 34145-2325 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	CHRM
Name	MEARA, JOHN W
Address	1239 ORANGE COURT
City-State-Zip:	MARCO ISLAND FL 34145-2325

Title	P
Name	MEARA, JOHN W
Address	1239 ORANGE COURT
City-State-Zip:	MARCO ISLAND FL 34145-2325

Title	VCHR
Name	WELCH, JULIE A
Address	2020 WEST 89TH STREET, STE.300
City-State-Zip:	LEAWOOD KS 66206-1947

Title	VPS
Name	WELCH, JULIE A
Address	2020 WEST 89TH STREET, STE.300
City-State-Zip:	LEAWOOD KS 66206-1947

Title	TD
Name	BROWNE, STEPHEN W
Address	2020 WEST 89TH STREET, STE.300
City-State-Zip:	LEAWOOD KS 66206-1947

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: JULIE WELCH**VICE PRESIDENT****02/20/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date