

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000061584

**FILED**  
**Apr 24, 2012**  
**Secretary of State**

**Entity Name:** MARY C. SORRELL, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

2275 ATLANTIC BLVD  
STE 200  
NEPTUNE BEACH, FL 32266

**New Principal Place of Business:**

2440 MAYPORT RD.  
#7  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

PO BOX 330108  
ATLANTIC BEACH, FL 32266 US

**New Mailing Address:**

**FEI Number:** 59-3268098      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SORRELL, MARY  
1415 INDIAN WOODS DR.  
NEPTUNE BEACH, FL 32266 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PS  
Name: SORRELL, MARY  
Address: 1415 INDIAN WOODS DR.  
City-St-Zip: NEPTUNE BEACH, FL

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: CHRIS HIONIDES

PTSD

04/24/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date