

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 594840

**FILED**  
**Jan 27, 2016**  
**Secretary of State**  
**CC2555740793**

**Entity Name:** JAMES M. HILL, P.A.

**Current Principal Place of Business:**

2 GROVE ISLE DRIVE  
APT. 501  
COCONUT GROVE, FL 33133-4102

**Current Mailing Address:**

2 GROVE ISLE DRIVE  
APT. 501  
COCONUT GROVE, FL 33133-4102

**FEI Number:** 11-2233404

**Certificate of Status Desired:** No

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

HILL, SARA J  
2 GROVE ISLE DRIVE  
APT. 501  
COCONUT GROVE, FL 33133-4102 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 HILL, IV, JAMES MADISON DR.  
Address 2 GROVE ISLE DRIVE  
APT. 501  
City-State-Zip: COCONUT GROVE FL 33133-4102

Title SEC.  
Name HILL, SARA J  
Address 2 GROVE ISLE DRIVE, APT. 501  
City-State-Zip: COCONUT GROVE FL 33133

*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:** SARA JONES HILL

**SEC. OF CORP.**

**01/27/2016**

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

\_\_\_\_\_  
Date