

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 605094

Entity Name: DR CARVELL & ASSOCIATES, P.A.**Current Principal Place of Business:**5921 COLLINS ROAD
SUITE 1
JACKSONVILLE, FL 32244**Current Mailing Address:**5921 COLLINS RD SUITE 1
JACKSONVILLE, FL 32244 US**FEI Number:** 59-1515138**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARVELL, MELANIE JO DR.
5921 COLLINS RD
STE 1
JACKSONVILLE, FL 32244 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:** MELANIE CARVELL**02/09/2019**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	CARVELL, MELANIE J
Address	5921 COLLINS ROAD SUITE 1
City-State-Zip:	JACKSONVILLE FL 32244

Title	S
Name	CARVELL, MELANIE J
Address	5921 COLLINS ROAD SUITE 1
City-State-Zip:	JACKSONVILLE FL 32244

Title	T
Name	CARVELL, MELANIE J
Address	5921 COLLINS ROAD SUITE 1
City-State-Zip:	JACKSONVILLE FL 32244

Title	PD
Name	CARVELL, MELANIE J
Address	5921 COLLINS ROAD SUITE 1
City-State-Zip:	JACKSONVILLE FL 32244

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: DR MELANIE CARVELL**PRESIDENT****02/09/2019**

Electronic Signature of Signing Officer/Director Detail

Date