

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F69453

**FILED**  
**Apr 12, 2016**  
**Secretary of State**  
**CC0151251771**

**Entity Name:** DR. JIM GERBRACHT, P.A.

**Current Principal Place of Business:**

615 A UNITED ST  
KEY WEST, FL 33040

**Current Mailing Address:**

615 A UNITED ST  
KEY WEST, FL 33040

**FEI Number:** 59-2274933

**Certificate of Status Desired:** No

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

GERBRACHT, JIM  
615 A UNITED ST  
KEY WEST, FL 33040 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           | PST                 | Title           | D                  |
| Name            | GERBRACHT, JAMES J. | Name            | GERBRACHT, JAMES J |
| Address         | 615 A UNITED ST     | Address         | 615 A UNITED ST    |
| City-State-Zip: | KEY WEST FL 33040   | City-State-Zip: | KEY WEST FL 33040  |

*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:** JAMES J. GERBRACHT

**OWNER**

**04/12/2016**

Electronic Signature of Signing Officer/Director Detail

Date