

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F81250

**Entity Name:** MIRIAM B. WALLING, CPA, P.A.

**Current Principal Place of Business:**

355 NE 5TH AVE SUITE 6  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

355 NE 5TH AVE SUITE 6  
DELRAY BEACH, FL 33483

**FEI Number:** 59-2184316

**Certificate of Status Desired:** No

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

WALLING, MIRIAM B  
355 NE 5TH AVE SUITE 6  
DELRAY BEACH, FL 33483 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 PD  
Name WALLING, MIRIAM B  
Address 355 NE 5TH AVE SUITE 6  
City-State-Zip: DELRAY BEACH FL 33483

Title D  
Name WATSON, STEPHANIE M  
Address 355 NE 5TH AVE SUITE 6  
City-State-Zip: DELRAY BEACH FL 33483

*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:** MIRIAM B WALLING

**PRESIDENT**

**01/22/2016**

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

\_\_\_\_\_  
Date