

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G15562

**Entity Name:** PHILIP R. YATES, PH.D., P.A.

**Current Principal Place of Business:**

C/O PHILIP R. YATES, PH.D., P.A.  
4465 BAYMEADOWS ROAD, SUITE 8  
JACKSONVILLE, FL 32217

**Current Mailing Address:**

C/O PHILIP R. YATES, PH.D., P.A.  
4465 BAYMEADOWS ROAD, SUITE 8  
JACKSONVILLE, FL 32217 US

**FEI Number:** 59-2244919

**Certificate of Status Desired:** No

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

PHILIP R YATES  
9417 KELLS ROAD  
JACKSONVILLE, FL 32257 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 YATES, PHILIP R.  
Address 9417 KELLS ROAD  
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY-TRASURER  
Name YATES, JERI FRAN  
Address C/O PHILIP R. YATES, PH.D., P.A.  
4465 BAYMEADOWS ROAD, SUITE 8  
City-State-Zip: JACKSONVILLE FL 32217

*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:** PHILIP R. YATES, PH. D.

**PRESIDENT**

**02/01/2023**

Electronic Signature of Signing Officer/Director Detail

Date