

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G79105

**Entity Name:** CARL D. DAWSON PROFESSIONAL ASSOCIATION

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC9311966324**

**Current Principal Place of Business:**

BANK OF AMERICA  
50 NORTH LAURA STREET SUITE 1675  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

BANK OF AMERICA  
50 NORTH LAURA STREET SUITE 1675  
JACKSONVILLE, FL 32202 US

**FEI Number: 59-2373509**

**Certificate of Status Desired: No**

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

DAWSON, CARL D.  
BANK OF AMERICA TOWER  
50 NORTH LAURA STREET SUITE 1675  
JACKSONVILLE, FL 32202 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 DAWSON, CARL D  
Address BANK OF AMERICA TOWER  
50 NORTH LAURA STREET SUITE  
1675  
City-State-Zip: JACKSONVILLE FL 32202

*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: CARL D. DAWSON**

**PD**

**02/10/2017**

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

\_\_\_\_\_  
Date