

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J06897

Entity Name: LAURENCE RAIFORD, M.D., P.A.

Current Principal Place of Business:

LAURENCE RAIFORD
1017 EXETER A
BOCA RATON, FL 33434

Current Mailing Address:

LAURENCE RAIFORD
1017 EXETER A
BOCA RATON, FL 33434-2961

FEI Number: 59-2681540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAIFORD, LAURENCE
1017 EXETER A
BOCA RATON, FL 33434 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 DP
Name RAIFORD, LAURENCE
Address 1017 EXETER A
City-State-Zip: BOCA RATON FL 33434

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: LAURENCE RAIFORD

DIRECTOR

01/02/2013

Electronic Signature of Signing Officer/Director Detail

Date