

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L29744

Entity Name: ELAINE C. SHARP, M.D., P.A.

Current Principal Place of Business:

2874 GULF BREEZE PKWY
GULF BREEZE, FL 32563

Current Mailing Address:

P.O. BOX 1409
GULF BREEZE, FL 32562 US

FEI Number: 59-2975367

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHARP, ELAINE C
2874 GULF BREEZE PARKWAY
GULF BREEZE, FL 32563 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 P
Name SHARP, ELAINE C
Address 2874 GULF BREEZE PKWY
City-State-Zip: GULF BREEZE FL 32563

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: ELAINE SHARP

PRESIDENT

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date