

**2014 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 70  
JERSEYVILLE, IL 62052 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 MD

PRES

03/30/2014

Electronic Signature of Signing Officer/Director Detail

Date