

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L29744

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

Current Principal Place of Business:

1329 COLLEG PKWY
GULF BREEZE, FL 32561

Current Mailing Address:

P.O. BOX 70
JERSEYVILLE, IL 62052 US

FEI Number: 59-2975367

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SHARP, ELAINE C
87 BAYBRIDGE PARK
GULF BREEZE, FL 32561 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 1329 COLLEGE PKWY
City-State-Zip: GULF BREEZE FL 32561

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

PRESIDENT

03/16/2013

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date