

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M79073

**FILED**  
**Jan 09, 2015**  
**Secretary of State**  
**CC3096937470**

**Entity Name:** JOHN J. CARTHY, M.D., P.A.

**Current Principal Place of Business:**

4206 WEST WOODMERE ROAD  
TAMPA, FL 33609

**Current Mailing Address:**

1014 OSWEGATCHIE TRAIL RD  
STAR LAKE, NY 13690 US

**FEI Number:** 59-2888614

**Certificate of Status Desired:** Yes

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

CARTHY, JOHN J  
4206 WEST WOODMERE ROAD  
TAMPA, FL 33609 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            PVT  
Name            CARTHY, JOHN J.  
Address         4206 WEST WOODMERE ROAD  
City-State-Zip: TAMPA FL 33609

Title            S  
Name            CARTHY, HIROKO N.  
Address         4206 WEST WOODMERE ROAD  
City-State-Zip: TAMPA FL 33609

*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:** JOHN J. CARTHY

**PRESIDENT**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

Date