

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000006948

Entity Name: LORRAINE CRISCI RYAN, M.D., P.A.

Current Principal Place of Business:

5842 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

Current Mailing Address:

5842 SPRUCE CREEK WOODS DRIVE
PORT ORANGE, FL 32127

FEI Number: 59-3691960

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUMMIINS, LORRAINE C
5842 SPRUCE CREEK WOODS DR
PORT ORANGE, FL 32127 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 RYAN, LORRAINE C DR.
Address 5842 SPRUCE CREEK WOODS DRIVE
City-State-Zip: PORT ORANGE FL 32127

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: LORRAINE C RYAN MD

PRESIDENT

02/28/2014

Electronic Signature of Signing Officer/Director Detail

Date