

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058770

Entity Name: CAROLYN D. PASS, MD, P.A.

Current Principal Place of Business:

1255 STATE ROAD 60 EAST
LAKE WALES, FL 33853

Current Mailing Address:

320 1ST STREET NORTH
WINTER HAVEN, FL 33881

FEI Number: 52-2326354

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PASS, CAROLYN D
320 1ST STREET NORTH
WINTER HAVEN, FL 33881 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 PRES
Name PASS, CAROLYN D MD
Address 320 1ST STREET NORTH
City-State-Zip: WINTER HAVEN FL 33881

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: CAROLYN D PASS MD

PRES

04/27/2017

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date