

**2014 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  
134 LAKE MARIAM WAY  
WINTER HAVEN, FL 33884-3818 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 DMD  
Address        134 LAKE MARIAM WAY  
City-State-Zip: WINTER HAVEN FL 33884

*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

04/21/2014

Electronic Signature of Signing Officer/Director Detail

Date