

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000101493

**Entity Name:** SHARON V. WARD, M.D., P.A.**Current Principal Place of Business:**3134 NORTHSIDE DR.  
KEY WEST, FL 33040**Current Mailing Address:**3134 NORTHSIDE DR.  
KEY WEST, FL 33040 US**FEI Number:** 65-1154481**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILCOX, ROBERT G  
1622 LAIRD STREET  
1622 LAIRD ST  
KEY WEST, FL 33040 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           | PTD                                | Title           | VST                                |
| Name            | WARD, SHARON V                     | Name            | WILCOX, ROBERT G                   |
| Address         | 1622 LAIRD STREET<br>1622 LAIRD ST | Address         | 1622 LAIRD STREET<br>1622 LAIRD ST |
| City-State-Zip: | KEY WEST FL 33040                  | City-State-Zip: | KEY WEST FL 33040                  |

*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:** ROBERT G WILCOX

VST

03/06/2023

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date