2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2018
Secretary of State
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Entity Name: LINDA MAYNARD, M.D., P.A.

Current Principal Place of Business:

2365 CENTERVILLE RD
SUITE L-1
TALLAHASSEE, FL 32308

Current Mailing Address:

PO BOX 14798
TALLAHASSEE, FL 32317-4798 US

FEI Number: 04-3679236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAYNARD, LINDA M.D.
1400 VILLAGE SQUARE BLVD
SUITE 3-236
TALLAHASSEE, FL 32312 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	Title	VP,S
Name	MAYNARD, LINDA M.D.	Name	MAYNARD, LINDA M.D.
Address	1400 VILLAGE SQUARE BLVD	Address	1400 VILLAGE SQUARE BLVD
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	TALLAHASSEE FL 32312

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: LINDA MAYNARD PRESIDENT 04/18/2018

Electronic Signature of Signing Officer/Director Detail — Date