

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000130552

**Entity Name:** SANDRA J. DOWNES, M.D., MPH, P.A.

**Current Principal Place of Business:**

3645 MADACA LANE  
TAMPA, FL 33618

**Current Mailing Address:**

3645 MADACA LANE  
TAMPA, FL 33618

**FEI Number:** 90-0056653

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DOWNES, SANDRA JM.D.  
3645 MADACA LANE  
TAMPA, FL 33618 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	D	Title	PSTD
Name	DOWNES, SANDRA JM.D.	Name	DOWNES, SANDRA JM.D.
Address	3645 MADACA LANE	Address	3645 MADACA LANE
City-State-Zip:	TAMPA FL 33618	City-State-Zip:	TAMPA FL 33618

*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:** SANDRA J DOWNES

MD, MPH

06/29/2018

Electronic Signature of Signing Officer/Director Detail

Date