

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000000210

**Entity Name:** CHAMBERLAIN AND ASSOCIATES, P.A.

**Current Principal Place of Business:**

4350 PABLO PROFESSIONAL COURT  
SUITE 200  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

4350 PABLO PROFESSIONAL CT  
SUITE 200  
JACKSONVILLE, FL 32224 US

**FEI Number:** 04-3730515

**Certificate of Status Desired:** No

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

CHAMBERLAIN, JOEL C  
4350 PABLO PROFESSIONAL CT  
SUITE 200  
JACKSONVILLE, FL 32224 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 DP  
Name CHAMBERLAIN, JOEL C  
Address 4350 PABLO PROFESSIONAL CT  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32224

Title DVPS  
Name CHAMBERLAIN, STACI L  
Address 4350 PABLO PROFESSIONAL CT  
SUITE 200  
City-State-Zip: JACKSONVILLE FL 32224

*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:** JOEL C. CHAMBERLAIN

DP

01/12/2015

Electronic Signature of Signing Officer/Director Detail

Date