

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000090431

**Entity Name:** VOGEL & SALVATORE, P.A.**Current Principal Place of Business:**9770 OLD BAYMEADOWS ROAD  
SUITE 125  
JACKSONVILLE, FL 32256**Current Mailing Address:**9770 OLD BAYMEADOWS ROAD  
SUITE 125  
JACKSONVILLE, FL 32256 US**FEI Number:** 20-0241956**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARKER, PATRICIA L  
8777 SAN JOSE BLVD.  
SUITE 301  
JACKSONVILLE, FL 32217 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
Name	VOGEL, CAROLE A
Address	9770 OLD BAYMEADOWS ROAD SUITE 125
City-State-Zip:	JACKSONVILLE FL 32256

Title	VP
Name	SALVATORE, LYNN M
Address	9770 OLD BAYMEADOWS ROAD SUITE 125
City-State-Zip:	JACKSONVILLE FL 32256

Title	SEC
Name	VOGEL, CAROLE A
Address	9770 OLD BAYMEADOWS ROAD SUITE 125
City-State-Zip:	JACKSONVILLE FL 32256

*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:** LYNN M. SALVATORE

VP

03/24/2014

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