

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000143950

**Entity Name:** MICHAEL W. STEPIE, M.D., P.A.

**Current Principal Place of Business:**

9430 TURKEY LAKE ROAD  
SUITE 202  
ORLANDO, FL 32819

**Current Mailing Address:**

P.O. BOX 691297  
ORLANDO, FL 32869

**FEI Number:** 41-2113664

**Certificate of Status Desired:** No

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

MICHAEL STEPIE  
9430 TURKEY LAKE ROAD  
202  
ORLANDO, FL 32819 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 DR.  
Name STEPIE, MICHAEL WM.D.  
Address P.O. BOX 691297 #202  
City-State-Zip: ORLANDO FL 32869

*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:** MICHAEL STEPIE

MGR

01/20/2014

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

\_\_\_\_\_ Date