

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