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.

PRESIDENT

SIGNATURE: WOLFGANG MUELLER

Electronic Signature of Signing Officer/Director Detail

2014 FLORI	DA PROFIT COI	RPORATION AN	INUAL REPORT

DOCUMENT# P03000155283

Entity Name: WOLFGANG MUELLER, P.A.

#### Current Principal Place of Business:

1406 SE 46TH LANE UNIT 2 CAPE CORAL, FL 33904

# **Current Mailing Address:**

8855 KING HENRY COURT FORT MYERS, FL 33908

# FEI Number: 20-0568658

## Name and Address of Current Registered Agent:

MUELLER, SABINE 8855 KING HENRY COURT FORT MYERS, FL 33908 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

## Officer/Director Detail :

Title	Ρ	Title	VP	
Name	MUELLER, WOLFGANG	Name	MUELLER, SABINE	
Address	8855 KING HENRY COURT	Address	8855 KING HENRY COURT	
City-State-Zip:	FORT MYERS FL 33908	City-State-Zip:	FORT MYERS FL 33908	

FILED Feb 18, 2014 Secretary of State CC5391248641

Certificate of Status Desired: Yes

02/18/2014

Date

Date