

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000048631

**Entity Name:** WILLIAM A. O'LEARY, P.A.

**Current Principal Place of Business:**

3430 KORI ROAD  
SUITE 4  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

3430 KORI ROAD  
SUITE 4  
JACKSONVILLE, FL 32257 US

**FEI Number:** 20-0875733

**Certificate of Status Desired:** No

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

O'LEARY, WILLIAM A  
3430 KORI ROAD  
SUITE 4  
JACKSONVILLE, FL 32257 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 O'LEARY, WILLIAM A  
Address 3430 KORI ROAD  
SUITE 4  
City-State-Zip: JACKSONVILLE FL 32257

Title VP  
Name O'LEARY, WILLIAM A  
Address 3430 KORI ROAD  
SUITE 4  
City-State-Zip: JACKSONVILLE FL 32257

Title SEC.  
Name O'LEARY, WILLIAM A  
Address 3430 KORI ROAD  
SUITE 4  
City-State-Zip: JACKSONVILLE FL 32257

Title TREA  
Name O'LEARY, WILLIAM A  
Address 3430 KORI ROAD  
SUITE 4  
City-State-Zip: JACKSONVILLE FL 32257

Title DIR.  
Name O'LEARY, WILLIAM A  
Address 3430 KORI ROAD  
SUITE 4  
City-State-Zip: JACKSONVILLE FL 32257

*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:** WILLIAM A. O'LEARY

P

01/19/2020

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

\_\_\_\_\_  
Date