

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000068781

Entity Name: MARTIN D. SKIPPER, M.D., P.A.

Current Principal Place of Business:

5460 MAPLE RIDGE CT
SANFORD, FL 32771

Current Mailing Address:

5460 MAPLE RIDGE CT
SANFORD, FL 32771

FEI Number: 20-1072774

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SKIPPER, MARTIN D
3090 CARUSO COURT
SUITE 20
ORLANDO, FL 32806 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: MARTIN D SKIPPER

03/10/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SKIPPER, MARTIN D
Address 5460 MAPLE RIDGE CT
City-State-Zip: SANFORD FL 32771

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: MARTIN D SKIPPER MD

DIRECTOR

03/10/2018

Electronic Signature of Signing Officer/Director Detail

Date