

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000034441

Entity Name: DANIEL R. SPURRIER, M.D., P.A.

Current Principal Place of Business:

1400 US HWY 441 NORTH
STE. 538
THE VILLAGES, FL 32159

Current Mailing Address:

P.O. BOX 669
FRUITLAND PARK, FL 34731

FEI Number: 64-0945056

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SPURRIER, DANIEL RMD
1400 US HWY 441 NORTH
STE. 538
THE VILLAGES, FL 32159 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 D
Name SPURRIER, DANIEL RMD
Address P.O. BOX 669
City-State-Zip: FRUITLAND PARK FL 34731

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: DANIEL R. SPURRIER, MD

OWNER/PHYSICIAN

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date