

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000117623

**Entity Name:** MELANIE T BOZEMAN, PA

**Current Principal Place of Business:**

15 ALMOND PASS DR.  
OCALA, FL 34472

**Current Mailing Address:**

POST OFFICE BOX 6114  
OCALA, FL 34478

**FEI Number:** 20-3346164

**Certificate of Status Desired:** No

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

BOZEMAN, MELANIE  
15 ALMOND PASS DR.  
OCALA, FL 34472 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 PD  
Name BOZEMAN, MELANIE  
Address 15 ALMOND PASS DR.  
City-State-Zip: Ocala FL 34472

*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:** MELANIE T. BOZEMAN

**PRESIDENT**

**02/27/2014**

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

\_\_\_\_\_  
Date