

2015 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 BOZEMAN

PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date