

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000037001

**Entity Name:** JASON M. MELTON, P.A.

**Current Principal Place of Business:**

11020 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34608

**Current Mailing Address:**

11020 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34608 US

**FEI Number:** 51-0575373

**Certificate of Status Desired:** No

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

MELTON, JASON  
11020 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34608 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 MELTON, JASON M  
Address 11020 NORTHCLIFFE BLVD.  
City-State-Zip: SPRING HILL FL 34608

*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:** JASON MELTON

**PARTNER**

**01/20/2016**

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

\_\_\_\_\_  
Date