

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000098762

**Entity Name:** WILLIAM B. ACEVEDO, M.D., P.A.

**Current Principal Place of Business:**

726 W JEFFERSON ST  
BROOKSVILLE, FL 34601

**Current Mailing Address:**

726 W JEFFERSON ST  
BROOKSVILLE, FL 34601

**FEI Number:** 20-5314271

**Certificate of Status Desired:** No

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

ACEVEDO, WILLIAM B  
726 W JEFFERSON ST  
BROOKSVILLE, FL 34601 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 PVST  
Name ACEVEDO, WILLIAM B  
Address 726 W JEFFERSON ST  
City-State-Zip: BROOKSVILLE FL 34601

Title DR  
Name ACEVEDO, WILLIAM B  
Address 726 W JEFFERSON ST  
City-State-Zip: BROOKSVILLE FL 34601

*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:** WILLIAM ACEVEDO

PVST

04/27/2014

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

\_\_\_\_\_  
Date