

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000116870

**Entity Name:** WILLIAM GAYA, M.D., P.A.

**Current Principal Place of Business:**

801 SW 1ST AVE  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 10  
OCALA, FL 34478 US

**FEI Number:** 20-5517626

**Certificate of Status Desired:** No

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

GAYA, WILLIAM  
1950 SW 40TH PL  
OCALA, FL 34471 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:** WILLIAM GAYA

01/19/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name GAYA, WILLIAM  
Address 1950 SW 40TH PLACE  
City-State-Zip: Ocala FL 34471

*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 GAYA

PRESIDENT

01/19/2018

Electronic Signature of Signing Officer/Director Detail

Date