

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000125719

**Entity Name:** JOSE' A. GAUDIER, MD, PA

**Current Principal Place of Business:**

1740 SE 18TH STREET  
1202  
OCALA, FL 34471

**Current Mailing Address:**

PO BOX 5277  
OCALA, FL 34478

**FEI Number: 01-0875404**

**Certificate of Status Desired: No**

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

COLLINS, JAMES E  
21 NE 1ST AVENUE  
OCALA, FL 34470 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            D  
Name            GAUDIER, JOSE' M.D.  
Address        1740 SE 18TH STREET  
                  SUITE 1202  
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: GAUDIER, JOSE' M.D.** \_\_\_\_\_

**MGRM**

**01/09/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date