

2014 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: JOSE' GAUDIER, MD _____

OFFICE

01/12/2014

Electronic Signature of Signing Officer/Director Detail

_____ Date