

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000157379

**Entity Name:** DORIAN BURT, P.A.

**Current Principal Place of Business:**

203 PINE CONE TRAIL  
ORMOND BEACH, FL 32174

**Current Mailing Address:**

203 PINE CONE TRAIL  
ORMOND BEACH, FL 32174

**FEI Number:** 20-8112851

**Certificate of Status Desired:** No

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

BURT, DORIAN  
203 PINE CONE TRAIL  
ORMOND BEACH, FL 32174 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 PD  
Name BURT, DORIAN  
Address 203 PINE CONE TRAIL  
City-State-Zip: ORMOND BEACH FL 32174

*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:** DORIAN BURT

**PRESIDENT**

**01/10/2017**

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

\_\_\_\_\_  
Date