

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000058488

Entity Name: DREW MEDICAL ASSOCIATES, P.A.

Current Principal Place of Business:

11181 HEALTH PARK BLVD.
2265
NAPLES, FL 34110

Current Mailing Address:

11181 HEALTH PARK BLVD.
2265
NAPLES, FL 34110

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DREW, DANIEL JDR.
8235 WILSHIRE LAKES BLVD.
NAPLES, FL 34109 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 P
Name DREW, DANIEL
Address 8235 WILSHIRE LAKES BLVD.
City-State-Zip: NAPLES FL 34109

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: DANIEL J. DREW

PRES.

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date