

**2017 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 DREW** \_\_\_\_\_

**DR**

**03/27/2017**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date