## 2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000023297

Entity Name: GARSON M. CARUSO, MD. MPH. P.A.

**Current Principal Place of Business:** 

6775 EAGLE RIDGE BLVD. LAKELAND. FL 33813

**Current Mailing Address:** 

6775 EAGLE RIDGE BLVD. LAKELAND, FL 33813

FEI Number: 51-0673119 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARUSO, GARSON M 6775 EAGLE RIDGE BLVD. LAKELAND, FL 33813 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

FILED Mar 11, 2014

**Secretary of State** 

CC8512009118

Officer/Director Detail:

Title PD Title VPD

Name CARUSO, GARSON M Name CARUSO, VICKI D

Address 6775 EAGLE RIDGE BLVD. Address 6775 EAGLE RIDGE BLVD.

City-State-Zip: LAKELAND FL 33813 City-State-Zip: LAKELAND FL 33813

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: GARSON M CARUSO

Electronic Signature of Signing Officer/Director Detail

**PRESIDENT** 

03/11/2014

Date