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: GILBERT J ALBA

Electronic Signature of Signing Officer/Director Detail

ALBA, GILBERT J

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	GILBERT J. ALBA			03/02/2017
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	VP	Title	PTS	
Name	YOCHIM, KAREN S	Name	ALBA, GILBERT J	
Address	2700 NW 43RD STREET SUITE D	Address	2700 NW 43RD STREET SUITE D	
City-State-Zip:	GAINESVILLE FL 32606	City-State-Zip:	GAINESVILLE FL 32606	

## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066187

Entity Name: ALBA & YOCHIM P.A.

#### **Current Principal Place of Business:**

2700 NW 43RD STREET SUITE D GAINESVILLE, FL 32606

#### **Current Mailing Address:**

2700 NW 43RD STREET SUITE D GAINESVILLE, FL 32606 US

#### FEI Number: 26-2961833

### Name and Address of Current Registered Agent:

2700 NW 43RD STREET, STE D GAINESVILLE, FL 32606 US

Certificate of Status Desired: No

PRESIDENT

03/02/2017

Date

# FILED Mar 02, 2017 Secretary of State CC1653639715