

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000004359

Entity Name: PAUL LOUIS, M.D., P.A.

Current Principal Place of Business:

327 PINE TERRACE
WPB, FL 33405

Current Mailing Address:

327 PINE TERRACE
WPB, FL 33405 US

FEI Number: 26-4133995

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VAHLKAMP, NICHOLAS
327 PINE TERRACE
WEST PALM BEACH, FL 33405 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 D
Name LOUIS, PAUL
Address 327 PINE TERRACE
City-State-Zip: WPB FL 33405

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: PAUL M LOUIS

PRESIDENT

03/16/2021

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date