

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000081117

**Entity Name:** SHELBY H CLINE MD PA

**Current Principal Place of Business:**

1301 PLANTATION ISLAND DR  
SUITE 404  
ST AUGUSTINE, FL 32080

**Current Mailing Address:**

3585 RED CLOUD TRAIL  
ST AUGUSTINE, FL 32086

**FEI Number:** 27-1023032

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CLINE, SHELBY  
3585 RED CLOUD TRAIL  
ST AUGUSTINE, FL 32086 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 CLINE, SHELBY  
Address 3585 RED CLOUD TRAIL  
City-State-Zip: ST AUGUSTINE FL 32086

*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:** SHELBY H. CLINE, MD

**PRESIDENT**

**02/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date