

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000103192

**Entity Name:** THOMAS JOSEPH LIFRIERI, P.A.

**Current Principal Place of Business:**

3112 SAGO POINT CT  
LAND O LAKES, FL 34639

**Current Mailing Address:**

3112 SAGO POINT CT  
LAND O LAKES, FL 34639

**FEI Number:** 45-3979585

**Certificate of Status Desired:** No

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

LIFRIERI, THOMAS J  
3112 SAGO POINT CT  
LAND O LAKES, FL 34639 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 PDTS  
Name LIFRIERI, THOMAS J  
Address 3112 SAGO POINT CT  
City-State-Zip: LAND O LAKES FL 34639

*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:** THOMAS JOSEPH LIFRIERI

**PRESIDENT**

**03/30/2015**

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

\_\_\_\_\_  
Date