

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000018661

**Entity Name:** ANDREA F. LENNON, P.A.

**Current Principal Place of Business:**

961687 GATEWAY BOULEVARD  
SUITE 101L  
AMELIA ISLAND, FL 32034

**Current Mailing Address:**

961687 GATEWAY BOULEVARD  
SUITE 101L  
AMELIA ISLAND, FL 32034

**FEI Number:** 45-4633677

**Certificate of Status Desired:** Yes

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

LENNON, ANDREA F  
961687 GATEWAY BOULEVARD  
SUITE 101L  
AMELIA ISLAND, FL 32034 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            LENNON, ANDREA F  
Address        961687 GATEWAY BOULEVARD,  
                  SUITE 101L  
City-State-Zip: AMELIA ISLAND FL 32034

Title            S/T  
Name            LENNON, ANDREA F  
Address        961687 GATEWAY BOULEVARD,  
                  SUITE 101L  
City-State-Zip: AMELIA ISLAND FL 32034

*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:** ANDREA F. LENNON

**PRESIDENT**

**04/01/2015**

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

\_\_\_\_\_  
Date