

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000028338

**Entity Name:** MIGNON METCALF, M.D., P.A.

**Current Principal Place of Business:**

1690 RENAISSANCE COMMONS BLVD  
1509  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

1690 RENAISSANCE COMMONS BLVD  
1509  
BOYNTON BEACH, FL 33426

**FEI Number:** 45-4876965

**Certificate of Status Desired:** No

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

METCALF, MIGNON  
1690 RENAISSANCE COMMONS BLVD  
1509  
BOYNTON BEACH, FL 33426 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 METCALF, MIGNON  
Address 1690 RENAISSANCE COMMONS BLVD  
1509  
City-State-Zip: BOYNTON BEACH FL 33426

*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:** MIGNON METCALF \_\_\_\_\_

**OFFICER**

**04/29/2015**

Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date