

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000068264

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC7162293833**

**Entity Name:** LINDA RICE CHAPMAN, P.A.

**Current Principal Place of Business:**

12775 NW 196 TERRACE  
ALACHUA, FL 32615

**Current Mailing Address:**

12775 NW 196 TERRACE  
ALACHUA, FL 32615

**FEI Number:** 46-0702935

**Certificate of Status Desired:** No

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

CHAPMAN, LINDA RICE  
12775 NW 196 TERRACE  
ALACHUA, FL 32615 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            CHAPMAN, LINDA RICE  
Address        12775 NW 196 TERRACE  
City-State-Zip: ALACHUA FL 32615

*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:** LINDA RICE CHAPMAN

**OFFICER/DIRECTOR/REGI 01/29/2013**  
**STEREDAGENT**

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

Date