

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000103895

**Entity Name:** MICHAEL L. BURLESON, M.D., P.A.

**Current Principal Place of Business:**

14529 MARSHVIEW DRIVE  
JACKSONVILLE, FL 32250

**Current Mailing Address:**

14529 MARSHVIEW DRIVE  
JACKSONVILLE, FL 32250

**FEI Number:** 46-1751960

**Certificate of Status Desired:** No

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

MICHAEL, BURLESON LOUIS DR.  
14529 MARSHVIEW DRIVE  
JACKSONVILLE, FL 32250 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:** MICHAEL L BURLESON

01/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BURLESON, MICHAEL L DR.  
Address        14529 MARSHVIEW DRIVE  
City-State-Zip: JACKSONVILLE FL 32250

*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:** MICHAEL LOUIS BURLESON

PRESIDENT

01/18/2023

Electronic Signature of Signing Officer/Director Detail

Date