

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000051187

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**5908471252CC**

**Entity Name:** BARBARA ANNA MEI, PA

**Current Principal Place of Business:**

990 BOULEVARD OF THE ARTS  
APT 1203  
SARASOTA, FL 34236

**Current Mailing Address:**

990 BOULEVARD OF THE ARTS  
APT 1203  
SARASOTA, FL 34236 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

MEI, BARBARA A  
990 BLVD OF THE ARTS APT1203  
SARASOTA, FL 34236 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 MEI, BARBARA A  
Address 990 BOULEVARD OF THE ARTS APT 1203  
City-State-Zip: SARASOTA FL 34236

Title SECRETARY  
Name MEI, BARBARA A  
Address 990 BOULEVARD OF THE ARTS APT 1203  
City-State-Zip: SARASOTA FL 34236

Title TREASURER  
Name MEI, BARBARA A  
Address 990 BOULEVARD OF THE ARTS APT 1203  
City-State-Zip: SARASOTA FL 34236

Title DIRECTOR  
Name MEI, BARBARA A  
Address 990 BOULEVARD OF THE ARTS APT 1203  
City-State-Zip: SARASOTA FL 34236

Title CFO  
Name MEI, BARBARA A  
Address 990 BOULEVARD OF THE ARTS APT 1203  
City-State-Zip: SARASOTA FL 34236

*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:** BARBARA MEI

**MANAGER**

**01/25/2023**

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

\_\_\_\_\_  
Date