

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000008022

**Entity Name:** WAYNE TAYLOR, M.D, P.A.

**Current Principal Place of Business:**

18126 BRANCH ROAD  
HUDSON, FL 34667-5838

**Current Mailing Address:**

18126 BRANCH ROAD  
HUDSON, FL 34667-5838

**FEI Number: 37-1748843**

**Certificate of Status Desired:** No

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

TAYLOR, WAYNE  
18126 BRANCH ROAD  
HUDSON, FL 34667-5838 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            TAYLOR, WAYNE  
Address        18126 BRANCH ROAD  
City-State-Zip: HUDSON FL 34667-5838

*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: WAYNE TAYLOR**

**PRESIDENT**

**01/10/2018**

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

\_\_\_\_\_  
Date