

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000020569

**Entity Name:** P & R MOBILE CPR, INC.

**Current Principal Place of Business:**

2039 PINEHURST DRIVE  
WPB, FL 33407

**Current Mailing Address:**

2039 PINEHURST DRIVE  
WPB, FL 33407

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

FLAGLER, PRISCILLA D  
2039  
PINEHURST DRIVE  
WPB, FL 33407 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            PRESIDENT

Title            VP

Name           FLAGLER, PRISCILLA D

Name           WILLIAMS, REVA R

Address        2039 PINEHURST DRIVE

Address        1758 SAWGRASS CIRCLE

City-State-Zip: WPB FL 33407

City-State-Zip: GREENACRES FL 33413

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:** PRISCILLA D FLAGLER

**PRESIDENT**

**08/18/2015**

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

\_\_\_\_\_  
Date