

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000040164

**Entity Name:** MEDICAL PROVIDER PA-C CORPROATION

**Current Principal Place of Business:**

4593 SW LONG BAY DR  
PALM CITY , FL 34990

**Current Mailing Address:**

4593 SW LONG BAY DR  
PALM CITY , FL 34990 US

**FEI Number:** 47-1304622

**Certificate of Status Desired:** No

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

WADE, NATHAN L  
4593 SW LONG BAY DR  
PALM CITY , FL 34990 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:** NATHAN WADE

04/02/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DIR	Title	VP
Name	WADE, NATHAN	Name	WADE, SOFIA
Address	2190 SW CAPE COD DR	Address	4593 SW LONG BAY DR
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PALM CITY FL 34990

*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:** NATHAN WADE

**PRESIDENT**

04/02/2018

Electronic Signature of Signing Officer/Director Detail

Date