

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000040164

Entity Name: MEDICAL PROVIDER PA-C CORPROATION

Current Principal Place of Business:

2190 SW CAPE COD DR
PORT ST LUCIE, FL 34953

Current Mailing Address:

2190 SW CAPE COD DR
PORT ST LUCIE, FL 34953

FEI Number: 47-1304622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WADE, NATHAN L
2190 SW CAPE COD DR
PORT ST LUCIE, FL 34953 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

04/15/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIR

Name WADE, NATHAN

Address 2190 SW CAPE COD DR

City-State-Zip: PORT ST LUCIE FL 34953

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

DIRECTOR

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date