

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P14000070048

Entity Name: MARY LOUISE FAULDS, P.A.

Current Principal Place of Business:

85 19TH AVE NORTH
JACKSONVILLE BEACH, FL 32250

Current Mailing Address:

85 19TH AVE NORTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 47-2127692

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAULDS, MARY
85 19TH AVE N
JACKSONVILLE BEACH, FL 32250 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 FAULDS, MARY
Address 85 19TH AVE. NORTH
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: MARY LOUISE FAULDS

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date