

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000072842

**Entity Name:** KOBIELUSH GOLPHIN, P.A.

**Current Principal Place of Business:**

1010 EAST ADAMS STREET, SUITE 131  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

1010 EAST ADAMS STREET, SUITE 131  
JACKSONVILLE, FL 32202 US

**FEI Number:** 47-1822897

**Certificate of Status Desired:** No

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

GOLPHIN, DEANNA M  
1010 EAST ADAMS STREET  
SUITE 131  
JACKSONVILLE, FL 32202 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            DIR  
Name            KOBIELUSH, KELLY L  
Address        1010 EAST ADAMS STREET, SUITE  
                  131  
City-State-Zip: JACKSONVILLE FL 32202

Title            DIR  
Name            GOLPHIN, DEANNA M  
Address        1010 EAST ADAMS STREET, SUITE  
                  131  
City-State-Zip: JACKSONVILLE FL 32202

*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:** DEANNA M GOLPHIN

**PARTNER**

**05/05/2015**

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

\_\_\_\_\_  
Date