

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000022284

**Entity Name:** BRUCE MCFARLAND MD PA

**Current Principal Place of Business:**

18030 SW 15TH AVE  
NEWBERRY, FL 32669

**Current Mailing Address:**

18030 SW 15TH AVE  
NEWBERRY, FL 32669 US

**FEI Number:** 82-4862858

**Certificate of Status Desired:** No

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

MCFARLAND, BRUCE  
18030 SW 15TH AVE  
NEWBERRY, FL 32669 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:** BRUCE MCFARLAND MD

05/03/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

|                 |                   |                 |                   |
|-----------------|-------------------|-----------------|-------------------|
| Title           | P                 | Title           | S                 |
| Name            | MCFARLAND, BRUCE  | Name            | MCFARLAND, BRUCE  |
| Address         | 18030 SW 15TH AVE | Address         | 18030 SW 15TH AVE |
| City-State-Zip: | NEWBERRY FL 32669 | City-State-Zip: | NEWBERRY FL 32669 |

*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:** BRUCE MCFARLAND MD

OWNER

05/03/2023

Electronic Signature of Signing Officer/Director Detail

Date