

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000004359

**Entity Name:** RAYMOND HENDERSON, M.D., P.A.

**Current Principal Place of Business:**

1411 N FLAGLER DR  
SUITE 7300  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1411 N FLAGLER DR  
SUITE 7300  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 65-0383537

**Certificate of Status Desired:** No

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

HENDERSON, RAYMOND MD  
1717 N FLAGLER DR  
#3  
WEST PALM BEACH, FL 33407 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 DR  
Name HENDERSON, RAYMOND MD  
Address 1717 N FLAGLER DR, # 3  
City-State-Zip: WEST PALM BEACH FL 33407

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:** RAYMOND HENDERSON

**PRESIDENT**

**06/24/2014**

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

\_\_\_\_\_  
Date