

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000022672

**Entity Name:** NURSE PRACTITIONER ASSOCIATES, P.A.

**Current Principal Place of Business:**

2567 HUNTCLIFF LANE  
PANAMA CITY, FL 32405

**Current Mailing Address:**

2567 HUNTCLIFF LANE  
PANAMA CITY, FL 32405 US

**FEI Number:** 59-3176029

**Certificate of Status Desired:** No

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

SERIAN, KRISTINE  
2567 HUNTCLIFF LANE  
PANAMA CITY, FL 32405 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            D  
Name            SERIAN, KRISTINE  
Address        2567 HUNTCLIFF LANE  
City-State-Zip: PANAMA CITY FL 32405

*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:** KRISTINE SERIAN

**PRESIDENT**

**04/23/2015**

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

\_\_\_\_\_  
Date