

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000035485

**Entity Name:** GARRY G. BANKS, M.D., P.A.

**Current Principal Place of Business:**

552 TWIN CITIES BLVD  
SUITE A  
NICEVILLE, FL 32578

**Current Mailing Address:**

552 TWIN CITIES BLVD  
SUITE A  
NICEVILLE, FL 32578

**FEI Number:** 59-3170549

**Certificate of Status Desired:** No

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

WILLIAMSON, WAYNE .  
WAYNE WILLIAMSON LAW  
1414 COUNTY HIGHWAY 283 SOUTH SUITE B  
SANTA ROSA BEACH, FL 32549 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:** WAYNE WILLIAMSON

01/16/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BANKS, GARRY G  
Address 552 TWIN CITIES BLVD, SUITE A  
City-State-Zip: NICEVILLE FL 32578

*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:** GARRY BANKS

PRES

01/16/2014

Electronic Signature of Signing Officer/Director Detail

Date