

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000061584

**Entity Name:** MARY C. SORRELL, PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

2440 MAYPORT RD.  
#7  
ATLANTIC BEACH, FL 32233

**Current Mailing Address:**

PO BOX 330108  
ATLANTIC BEACH, FL 32266 US

**FEI Number:** 59-3268098

**Certificate of Status Desired:** No

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

SORRELL, MARY  
1415 INDIAN WOODS DR.  
NEPTUNE BEACH, FL 32266 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 PS  
Name SORRELL, MARY  
Address 1415 INDIAN WOODS DR.  
City-State-Zip: NEPTUNE BEACH FL

*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:** MARY C SORRELL

**PRESIDENT**

**08/06/2014**

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

\_\_\_\_\_  
Date