

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000082395

**Entity Name:** TERENCE PEPPARD, M.D., P.A.

**Current Principal Place of Business:**

TERENCE PEPPARD MDPA  
3663 SOUTH MIAMI AVE.  
MIAMI, FL 33133

**Current Mailing Address:**

TERENCE PEPPARD MDPA  
4350 N. JEFFERSON AVE.  
MIAMI BEACH, FL 33140 US

**FEI Number:** 65-0531485

**Certificate of Status Desired:** No

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

FEINERMAN, ELLEEN  
4350 NORTH JEFFERSON AVE.  
PENTHOUSE  
MIAMI BEACH, FL 33140 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 TERENCE PEPPARD MD  
Address 3663 SOUTH MIAMI AVE.  
City-State-Zip: MIAMI FL 33133

*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:** TERENCE PEPPARD

PS

01/19/2015

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

\_\_\_\_\_  
Date