

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000020380

**Entity Name:** JEFFREY L. PRESSER, M.D., P.A.

**Current Principal Place of Business:**

13205 US HWY ONE  
SUITE 105  
JUNO BEACH, FL 33408

**Current Mailing Address:**

13205 US HWY ONE  
SUITE 105  
JUNO BEACH, FL 33408 US

**FEI Number:** 65-0563102

**Certificate of Status Desired:** No

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

PRESSER, JEFFREY L  
13205 US HWY ONE  
SUITE 105  
JUNO BEACH, FL 33408 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 PRESSER, JEFFREY L  
Address 13205 US HWY ONE STE 105  
City-State-Zip: JUNO BEACH FL 33408

*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:** JEFFREY L. PRESSER

**PRESIDENT**

**02/11/2016**

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

\_\_\_\_\_  
Date