

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000051388

Entity Name: SALTER FEIBER, P.A.**Current Principal Place of Business:**3940 NW 16TH BLVD
BLDG B
GAINESVILLE, FL 32605**Current Mailing Address:**3940 NW 16TH BLVD
BLDG B
GAINESVILLE, FL 32605-5811 US**FEI Number:** 59-3322294**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SALTER, JAMES D
3940 NW 16TH BLVD
BLDG B
GAINESVILLE, FL 32605 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	VP
Name	SALTER, JAMES D
Address	3940 NW 16TH BLVD, BLDG B
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	HUTSON, DENISE L
Address	3940 NW 16TH BLVD , BLDG B
City-State-Zip:	GAINESVILLE FL 32605

Title	PRESIDENT
Name	MENET, DAVID E
Address	3940 NW 16TH BLVD. BLDG. B
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	LESTER, JENNIFER C.
Address	3940 NW 16TH BLVD, BLDG B
City-State-Zip:	GAINESVILLE FL 32605

Title	VP
Name	BOVAY, JOHN C
Address	3940 NW 16TH BLVD, BLDG B
City-State-Zip:	GAINESVILLE FL 32605

Title	VP, S/T
Name	SANSONE, STAR M
Address	3940 NW 16TH BLVD, BLDG B
City-State-Zip:	GAINESVILLE FL 32605

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: DAVID E MENET

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail_____
Date