

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000051388

**FILED**  
**Feb 12, 2016**  
**Secretary of State**  
**CC2460575056**

**Entity Name:** SALTER FEIBER, P.A.

**Current Principal Place of Business:**

3940 NW 16TH BLVD  
BLDG B  
GAINESVILLE, FL 32605

**Current Mailing Address:**

P.O. BOX 357399  
GAINESVILLE, FL 32635-7399 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

*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:** DENISE L HUTSON

VP

02/12/2016

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

\_\_\_\_\_  
Date