

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104938

Entity Name: JAMES E. LEMIRE, M.D., P.A.**Current Principal Place of Business:**11115 S.W. 93RD COURT RD., STE 600
OCALA, FL 34481**Current Mailing Address:**11115 S.W. 93RD COURT RD., STE 600
OCALA, FL 34481 US**FEI Number:** 59-3616510**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**LEMIRE, JAMES E
11115 S.W. 93RD COURT RD., STE 600
OCALA, FL 34481-9612 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	P
Name	LEMIRE, JAMES E
Address	11115 S.W. 93RD COURT RD., STE 600
City-State-Zip:	OCALA FL 34481

Title	VP
Name	LEMIRE, NURIS
Address	11115 S.W. 93RD COURT RD., STE 600
City-State-Zip:	OCALA FL 34481

Title	S
Name	LEMIRE, JAMES E
Address	11115 S.W. 93RD COURT RD., STE 600
City-State-Zip:	OCALA FL 34481

Title	TR
Name	LEMIRE, JAMES E
Address	11115 S.W. 93RD COURT RD., STE 600
City-State-Zip:	OCALA FL 34481

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: JAMES E LEMIRE, MD, PA**PRESIDENT****04/21/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date