

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104938

Entity Name: JAMES E. LEMIRE, M.D., P.A.**Current Principal Place of Business:**9401 SW HIGHWAY 200
SUITE 301
OCALA, FL 34481**Current Mailing Address:**9401 SW HIGHWAY 200
SUITE 301
OCALA, FL 34481 US**FEI Number:** 59-3616510**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEMIRE, JAMES E
9401 SW HIGHWAY 200
SUITE 301
OCALA, FL 34481 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:** JAMES E. LEMIRE

01/24/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	P
Name	LEMIRE, JAMES E
Address	9401 SW HIGHWAY 200 SUITE 301
City-State-Zip:	OCALA FL 34481

Title	VP
Name	LEMIRE, NURIS
Address	9401 SW HIGHWAY 200 SUITE 301
City-State-Zip:	OCALA FL 34481

Title	S
Name	LEMIRE, JAMES E
Address	9401 SW HIGHWAY 200 SUITE 301
City-State-Zip:	OCALA FL 34481

Title	TR
Name	LEMIRE, JAMES E
Address	9401 SW HIGHWAY 200 SUITE 301
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

PRESIDENT

01/24/2020

Electronic Signature of Signing Officer/Director Detail

Date