

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S97091

**Entity Name:** S. AULL, MD, PA

**Current Principal Place of Business:**

5535 MARQUESAS CIRCLE  
SARASOTA, FL 34233

**Current Mailing Address:**

P O BOX 32  
SARASOTA, FL 34230

**FEI Number:** 59-3091394

**Certificate of Status Desired:** No

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

S, AULL  
5535 MARQUESAS CIRCLE  
SARASOTA, FL 34233 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 MD  
Name AULL, SUE  
Address P.O. BOX 32 N/A  
City-State-Zip: SARASOTA FL 34230

*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:** S AULL

**PRES.**

**01/11/2014**

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

\_\_\_\_\_  
Date