

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V13649

**Entity Name:** JAMES H. GUILDFORD, M.D., P.A.

**Current Principal Place of Business:**

1500 N. DIXIE HIGHWAY  
SUITE 209  
W. PALM BEACH, FL 33401

**Current Mailing Address:**

1500 N. DIXIE HIGHWAY  
SUITE 209  
W. PALM BEACH, FL 33401

**FEI Number:** 59-3112172

**Certificate of Status Desired:** No

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

GUILDFORD, LIZET A  
1500 N DIXIE HIGHWAY  
SUITE 209  
WET PALM BEACH, FL 33401 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            PRES  
Name            GUILDFORD, JAMES H DR.  
Address        1500 N. DIXIE HWY #209  
City-State-Zip: W. PALM BEACH FL 33410

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 H GUILDFORD MD

**PRESIDENT**

**04/18/2016**

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

\_\_\_\_\_  
Date