

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42916

Entity Name: MARY L. STEDMAN, M.D., P.A.

Current Principal Place of Business:

3212 COVE BEND DR
TAMPA, FL 33613

Current Mailing Address:

P.O. BOX 49037
TAMPA, FL 33646 US

FEI Number: 65-0361342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STEDMAN, MARY L
8937 MAGNOLIA CHASE CIRCLE
TAMPA, FL 33647 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 DR
Name STEDMAN, MARY LDR
Address 8937 MAGNOLIA CHASE CIRCLE
City-State-Zip: TAMPA FL 33647

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: MARY L. STEDMAN

OWNER

04/22/2014

Electronic Signature of Signing Officer/Director Detail

Date