

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F11000002377

**Entity Name:** CHRISTINE B. LLOYD, PH.D., PC

**Current Principal Place of Business:**

809 SR 44  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

809 SR 44  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number:** 27-0795186

**Certificate of Status Desired:** No

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

LLOYD, CHRISTINE B  
809 SR 44  
NEW SMYRNA BEACH, FL 32168 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 LLOYD, CHRISTINE B  
Address 809 SR 44  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** CHRISTINE B LLOYD

NEUROPSYCHOLOGIST

02/12/2015

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

\_\_\_\_\_ Date