

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000001628

**Entity Name:** PACE BOULEVARD FAMILY PRACTICE, P.A.

**Current Principal Place of Business:**

1500 NORTH PACE BOULEVARD  
PENSACOLA, FL 32505

**Current Mailing Address:**

1500 NORTH PACE BOULEVARD  
PENSACOLA, FL 32505

**FEI Number:** 59-3619842

**Certificate of Status Desired:** No

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

JONES, ANGELA J  
77 JONES AVENUE  
MILTON, FL 32570 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            D  
Name            GREENLEE, SAMUEL R  
Address        1500 NORTH PACE BOULEVARD  
City-State-Zip: PENSACOLA FL 32505

*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:** SAMUEL R GREENLEE

**PRESIDENT**

**04/26/2016**

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

\_\_\_\_\_ Date