

**2023 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:**

PACE BLVD FAMILY PRACTICE, PA  
1500 N PACE BLVD  
PENSACOLA, FL 32505 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:** SAMUEL R GREENLEE MD

03/29/2023

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 GREENLEE

D

03/29/2023

Electronic Signature of Signing Officer/Director Detail

Date