

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000037749

**Entity Name:** EAGER-I PROFESSIONAL CENTER, INC.

**Current Principal Place of Business:**

2935 SE 58TH AVENUE  
SUITE 2  
OCALA, FL 34480

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC2343710129**

**Current Mailing Address:**

P.O. BOX 1060  
OCALA, FL 34478-1060

**FEI Number: 54-2105354**

**Certificate of Status Desired: No**

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

MAZZURCO, ANDREW S  
2935 SE 58TH AVE.  
STE. 2  
OCALA, FL 34480 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            PTD  
Name            MAZZURCO, ANDREW S  
Address        2935 SE 58TH AVENUE #2  
City-State-Zip: Ocala FL 34480

Title            VPSD  
Name            MAZZURCO, SUEANNE  
Address        2935 SE 58TH AVENUE #2  
City-State-Zip: Ocala FL 34480

*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: ANDREW S. MAZZURCO**

**PRES**

**04/13/2016**

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

\_\_\_\_\_  
Date