

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000123824

**Entity Name:** BRANDIE S. MATHISON, P.A.

**Current Principal Place of Business:**

5012 COUNTY RD 48  
OKAHUMPKA, FL 34762

**Current Mailing Address:**

PO BOX 120505  
CLERMONT, FL 34712 US

**FEI Number:** 20-1524910

**Certificate of Status Desired:** No

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

MATHISON-KLEIN, BRANDIE S  
5012 COUNTY ROAD 48  
OKAHUMPKA, FL 34762 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            DIRECTOR, PRESIDENT, VP,  
                     SECRETARY  
Name            MATHISON-KLEIN, BRANDIE S  
Address        5012 COUNTY ROAD 48  
City-State-Zip: OKAHUMPKA FL 34762

*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:** BRANDIE S MATHISON-KLEIN

**DIRECTOR**

**01/24/2022**

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

\_\_\_\_\_  
Date