

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000068796

**Entity Name:** P3 MEDICAL, INC.

**Current Principal Place of Business:**

2505 NORTHUMBRIA DR  
SANFORD, FL 32771

**Current Mailing Address:**

2505 NORTHUMBRIA DR  
SANFORD, FL 32771 US

**FEI Number:** 27-0766618

**Certificate of Status Desired:** No

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

POLLEY, PATTY L  
2505 NORTHUMBRIA DR  
SANFORD, FL 32771 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 P  
Name POLLEY, PATTY L  
Address 2505 NORTHUMBRIA DR  
City-State-Zip: SANFORD FL 32771

Title MEDICAL DIRECTOR  
Name MILTENBERGER, CHESTER D DR.  
Address 766 N SUN DR  
1060  
City-State-Zip: LAKE MARY FL 32771

*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:** PATTY L POLLEY

**PRESIDENT**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date