

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000028026

**Entity Name:** FACULTY PRACTICE SERVICES (FLA.) INC.

**Current Principal Place of Business:**

3131 SOUTH DIXIE DR.  
SUITE 421  
DAYTON, OH 45439

**Current Mailing Address:**

3131 SOUTH DIXIE DR.  
SUITE 421  
DAYTON, OH 45439 US

**FEI Number:** 65-0574855

**Certificate of Status Desired:** No

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

QUAREQUIO, MICHAEL  
900 SOUTHEAST 3RD AVENUE  
SUITE 202  
FORT LAUDERDALE, FL 33316 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            REITER, BARRY S  
Address        ONE BANKSVILLE ROAD  
City-State-Zip: ARMONK NY 10504

*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:** BARRY S REITER

**PRESIDENT**

**01/26/2016**

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

\_\_\_\_\_  
Date