## 2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000021588

Entity Name: NORTHWEST FLORIDA HEART GROUP, P.A.

**Current Principal Place of Business:** 

8333 N. DAVIS HIGHWAY PENSACOLA, FL 32514

**Current Mailing Address:** 

PO BOX 11339

PENSACOLA, FL 32524 US

FEI Number: 59-3710198 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRANCO, MARCELO C DR. 8333 N. DAVIS HIGHWAY, 4TH FLOOR PENSACOLA, FL 32514 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: MARCELO C BRANCO 01/08/2017

Electronic Signature of Registered Agent

Date

Date

**FILED** Jan 08, 2017

**Secretary of State** 

CC7148734719

Officer/Director Detail:

Title Title **PRESIDENT** 

MILES, DAVID A DR. BRANCO, MARCELO C. DR. Name Name

PO BOX 11339 PO BOX 11339 Address Address

City-State-Zip: PENSACOLA FL 32524 PENSACOLA FL 32524 City-State-Zip:

Title **SECRETARY** Title D

Name CELIGOJ, MICHELANNIE DR. GUITIAN, JOSE DR. Name

Address 8333 NORTH DAVIS HWY Address PO BOX 11339

4TH FLOOR

City-State-Zip: PENSACOLA FL 32524 City-State-Zip: PENSACOLA FL 32514

Title **OFFICER** 

Address

Title **OFFICER** MEHMOOD, FARHAT DR. Name

Electronic Signature of Signing Officer/Director Detail

Name LEE. LICHENG 8333 NORTH DAVIS HWY

Address 8333 N. DAVIS HIGHWAY 4TH FLOOR

City-State-Zip: PENSACOLA FL 32514 City-State-Zip: PENSACOLA FL 32514

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.

01/08/2017 SIGNATURE: MARCELO C BRANCO PRESIDENT NWFHG