

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000076127

Entity Name: MARK W. LASTARZA, M.D., PA.

Current Principal Place of Business:

335 CLYDE MORRIS BLVD
STE 290
ORMOND BEACH, FL 32174

Current Mailing Address:

335 CLYDE MORRIS BLVD
STE 290
ORMOND BEACH, FL 32174 US

FEI Number: 59-3733086

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LASTARZA, MARK W
335 CLYDE MORRIS BLVD
STE 290
ORMOND BEACH, FL 32174 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 LASTARZA, MARK W
Address 335 CLYDE MORRIS BLVD, SUITE 290

City-State-Zip: ORMOND BEACH FL 32174

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: MARK W LASTARZA, M.D.

DIRECTOR

03/10/2015

Electronic Signature of Signing Officer/Director Detail

Date