

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000072280

**Entity Name:** MARCIA'S HEALTH CARE REGISTRY, INC.

**Current Principal Place of Business:**

P.F. ATRUM EXECUTIVE SUITES  
1515 NORTH FEDERAL HIGHWAY, SUITE 300-26  
BOCA RATON, FL 33432

**Current Mailing Address:**

P.F. ATRUM EXECUTIVE SUITES  
1515 NORTH FEDERAL HIGHWAY, SUITE 300-26  
BOCA RATON, FL 33432 US

**FEI Number:** 47-4959232

**Certificate of Status Desired:** Yes

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

GORDON, MARCIA ELIZABETH  
14601 SW 29TH STREET  
SUITE 110  
MIRAMAR, FL 33027 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:** MARCIA E GORDON

03/25/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PS  
Name GORDON, MARCIA E  
Address 7481 WEST OAKLAND PARK BLVD,  
SUITE 302D  
City-State-Zip: TAMARAC FL 33319

Title VP  
Name FISHER, OLIVE  
Address 7481 WEST OAKLAND PARK BLVD,  
SUITE 302D  
City-State-Zip: TAMARAC FL 33319

Title T  
Name GORDON, MARCIA E  
Address 7481 W OAKLAND PARK BLVD.  
SUITE 302D  
City-State-Zip: TAMARAC FL 33319

*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:** MARCIA E GORDON

**OWNER**

03/25/2022

Electronic Signature of Signing Officer/Director Detail

Date