

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000042281

**Entity Name:** IVAN L. MAZZORANA, JR., M.D., P.A.

**Current Principal Place of Business:**

12590 WHITEHALL DRIVE  
SUITE 3  
FORT MYERS, FL 33907

**Current Mailing Address:**

12891 MAGNOLIA POINTE COURT  
FORT MYERS, FL 33919 US

**FEI Number:** 65-0752131

**Certificate of Status Desired:** No

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

MAZZORANA, IVAN LJR  
12891 MAGNOLIA POINTE COURT  
FORT MYERS, FL 33919 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 DR  
Name MAZZORANA, IVAN LJR  
Address 12891 MAGNOLIA POINTE COURT  
City-State-Zip: FORT MYERS FL 33919

*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:** IVAN MAZZORANA, MD

**PRESIDENT**

**01/11/2015**

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

\_\_\_\_\_  
Date