

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000110635

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: RICHARD N. MARAVEL, M.D., P.A.

**Current Principal Place of Business:**

3633 LITTLE ROAD  
SUITE 101  
NEW PORT RICHEY, FL 346551815

**New Principal Place of Business:**

**Current Mailing Address:**

3633 LITTLE ROAD  
SUITE 101  
NEW PORT RICHEY, FL 346551815

**New Mailing Address:**

FEI Number: 59-3701928      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MARAVEL, RICHARD N  
3633 LITTLE ROAD  
SUITE 101  
NEW PORT RICHEY, FL 346551815 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PST ( ) Delete  
Name: MARAVEL, RICHARD N  
Address: 3633 LITTLE ROAD, SUITE 101  
City-St-Zip: NEW PORT RICHEY, FL 346551815

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RICHARD MARAVEL

PST

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date