


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 07, 2006 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # P04000051283</b><br>1. Entity Name<br>NANCY MARCHELL M.D., P.A. |  |
|---|---|

Principal Place of Business  
12709 TORBAY DR.  
BOCA RATON, FL 33428

Mailing Address  
12709 TORBAY DR.  
BOCA RATON, FL 33428



03032006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                             |                               |
|-----------------------------|-------------------------------|
| 4. FEI Number<br>02-0718708 | Applied For<br>Not Applicable |
|-----------------------------|-------------------------------|

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

MARCHELL, NANCY  
12709 TORBAY DR.  
BOCA RATON, FL 33428

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                |                      |
|----------------|----------------------|
| TITLE          | D                    |
| NAME           | MARCHELL, NANCY      |
| STREET ADDRESS | 12709 TORBAY DR.     |
| CITY-ST-ZIP    | BOCA RATON, FL 33428 |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
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| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/6/06 Daytime Phone # 561 499 0660