

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000087434

**Entity Name:** MARIA L. MARGOLLES, M.D., P.A.

**Current Principal Place of Business:**

3235 SW 94 CT  
MIAMI, FL 33165

**Current Mailing Address:**

3235 SW 94 CT  
MIAMI, FL 33165 US

**FEI Number:** 65-1140198

**Certificate of Status Desired:** No

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

MARGOLLES, MARIA L  
9986 SW 27TH TERRACE  
MIAMI, FL 33165 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 MS.  
Name MARGOLLES, MARIA LMD  
Address 3235 SW 94 CT  
City-State-Zip: MIAMI FL 33165

Title MS  
Name MARGOLLES, MARIA L  
Address 9986 SW 27TH TERRACE  
City-State-Zip: MIAMI FL 33165

*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:** MARIA MARGOLLES

MD

04/21/2015

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

\_\_\_\_\_  
Date