

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000110635

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

**Current Principal Place of Business:**

3633 LITTLE ROAD  
SUITE 102  
NEW PORT RICHEY, FL 34655-1815

**Current Mailing Address:**

3633 LITTLE ROAD  
SUITE 102  
NEW PORT RICHEY, FL 34655-1815 US

**FEI Number:** 59-3701928

**Certificate of Status Desired:** No

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

MARAVEL, RICHARD N  
3633 LITTLE ROAD  
SUITE 102  
NEW PORT RICHEY, FL 34655-1815 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            PST  
Name            MARAVEL, RICHARD N  
Address        3633 LITTLE ROAD, SUITE 102  
City-State-Zip: NEW PORT RICHEY FL 34655-1815

Title            VP  
Name            MARAVEL, KATHLEEN  
Address        3633 LITTLE ROAD  
                  SUITE 102  
City-State-Zip: NEW PORT RICHEY FL 34655-1815

*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:** RICHARD MARAVEL

**PRESIDENT**

**02/07/2019**

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

\_\_\_\_\_  
Date