

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000061486

**Entity Name:** MARCELO FILIZZOLA, M.D., P.A.

**Current Principal Place of Business:**

5458 TOWN CENTER ROAD  
SUITE 2  
BOCA RATON, FL 33486

**Current Mailing Address:**

5458 TOWN CENTER ROAD  
SUITE 2  
BOCA RATON, FL 33486

**FEI Number:** 27-0575062

**Certificate of Status Desired:** No

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

BALLEN, SAMUEL DESQ.  
70 S.E. 4TH AVENUE  
DELRAY BEACH, FL 33483 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 P  
Name FILIZZOLA, MARCELO M.D.  
Address 5458 TOWN CENTER ROAD, SUITE 2  
City-State-Zip: BOCA RATON FL 33486

*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:** MARCELO FILIZZOLA

**PRESIDENT**

**04/01/2016**

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

\_\_\_\_\_  
Date