

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000087222

Entity Name: BEATRIZ M. PIRAZZI, M.D., P.A.

Current Principal Place of Business:

1350 HICKORY ST
MELBOURNE, FL 32901

Current Mailing Address:

PO BOX 410284
MELBOURNE, FL 32941 US

FEI Number: 27-1185081

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KANCILIA, JOHN RESQ.
1795 WEST NASA BOULEVARD
MELBOURNE, FL 32901 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 D
Name PIRAZZI, BEATRIZ MM.D.
Address PO BOX 410284
City-State-Zip: MELBOURNE FL 32941

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: BEATRIZ M PIRAZZI

01/10/2014

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date