

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000010144

**Entity Name:** MARISA POTTER, MD, P.A.

**Current Principal Place of Business:**

21205 NE 37 AVE  
STE 310  
AVENTURA, FL 33180

**Current Mailing Address:**

21205 NE 37 AVE  
STE 310  
AVENTURA, FL 33180 US

**FEI Number:** 46-4737960

**Certificate of Status Desired:** No

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

POTTER, MARISA  
21205 NE 37 AVE  
STE 310  
AVENTURA, FL 33180 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 POTTER, MARISA  
Address 21205 NE 37 AVE  
STE 310  
City-State-Zip: AVENTURA FL 33180

*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:** MARISA POTTER

**PRESIDENT**

**04/26/2015**

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

\_\_\_\_\_  
Date