

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000010144

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

**Current Principal Place of Business:**

20803 BISCAYNE BLVD  
#503  
AVENTURA, FL 33180

**Current Mailing Address:**

20803 BISCAYNE BLVD  
#503  
AVENTURA, FL 33180 US

**FEI Number:** 46-4737960

**Certificate of Status Desired:** No

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

POTTER, MARISA  
3730 NE 209 TERRACE  
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            PRESIDENT  
Name            POTTER, MARISA  
Address        3730 NE 209 TERRACE  
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**

**01/07/2023**

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

\_\_\_\_\_  
Date