

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P20000086704

**Entity Name:** N MARCHELL, MD, PA

**Current Principal Place of Business:**

5390 WILD CINNAMON DRIVE  
MELBOURNE, FL 32940

**Current Mailing Address:**

P.O. BOX 410968  
MELBOURNE, FL 32941 US

**FEI Number: 85-3827023**

**Certificate of Status Desired: No**

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

MARCHELL, NANCY L  
5390 WILD CINNAMON DRIVE  
MELBOURNE, FL 32940 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            DIR  
Name            MARCHELL, NANCY  
Address        P.O. BOX 410968  
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: NANCY L MARCHELL**

**PRESIDENT**

**02/28/2022**

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

\_\_\_\_\_ Date