

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000044981

**Entity Name:** ESTHER MARIN-CASARIEGO, M.D., P.A.

**Current Principal Place of Business:**

8740 N KENDALL DR.  
SUITE 110  
MIAMI, FL 33176

**Current Mailing Address:**

8740 N KENDALL DR  
SUITE 110  
MIAMI, FL 33176 US

**FEI Number:** 65-0423415

**Certificate of Status Desired:** No

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

MARIN-CASARIEGO, ESTHER  
8740 N KENDALL DR  
SUITE 110  
MIAMI, FL 33176 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 DR.  
Name MARIN-CASARIEGO, ESTHER DR.  
Address 8740 N KENDALL DR  
SUITE 110  
City-State-Zip: MIAMI FL 33176

*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:** ESTHER MARIN-CASARIEGO M.D.

**OFFICER**

**03/03/2015**

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

\_\_\_\_\_  
Date