

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000021127

**Entity Name:** LUIS G. MARMOL, M.D., P.A.

**Current Principal Place of Business:**

2525 HARBOR BLVD  
303  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

2525 HARBOR BLVD  
303  
PORT CHARLOTTE, FL 33952

**FEI Number: 59-3414665**

**Certificate of Status Desired: No**

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

MARMOL, NANCY  
2525 HARBOR BLVD  
SUITE 303  
PORT CHARLOTTE, FL 33952 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            MARMOL, LUIS G  
Address        130 SAND DOLLAR LANE  
City-State-Zip: ENGLEWOOD FL 34223

Title            O  
Name            MARMOL, NANCY A  
Address        130 SAND DOLLAR LANE  
City-State-Zip: ENGLEWOOD FL 34223

*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 MARMOL**

**CORP  
OFFICER/SEC/TREAS**

**01/15/2015**

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

\_\_\_\_\_  
Date