

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000061337

Entity Name: LUIS C. FAVILLI, M.D., P.A.

Current Principal Place of Business:

3650 INNOVATION DR
LAKELAND, FL 33812

Current Mailing Address:

3139 HIGHLANDS BY THE LAKE WAY
LAKELAND, FL 33812

FEI Number: 59-3591868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FAVILLI, LUIS CMD
25 NORTH LANIER AVE.
FORT MEADE, FL 33841 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 PD
Name FAVILLI, LUIS CM.D.
Address 25 NORTH LANIER AVENUE
City-State-Zip: FORT MEADE FL 33841

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: LUIS C FAVILLI

PD

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date