

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V49589

**Entity Name:** JOSE M. MARRERO, M.D., P.A.

**Current Principal Place of Business:**

9883 S.W. SANTA-MONICA DRIVE  
PALM CITY, FL 34990

**Current Mailing Address:**

9883 S.W. SANTA-MONICA DRIVE  
PALM CITY, FL 34990 US

**FEI Number:** 65-0346573

**Certificate of Status Desired:** No

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

MARRERO, JOSE M.  
9883 S.W. SANTA-MONICA DRIVE  
PALM CITY, FL 34990 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 P  
Name MARRERO, JOSE M.  
Address 9883 S.W. SANTA-MONICA DR  
City-State-Zip: PALM CITY FL 34990

*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:** JOSE M. MARRERO

**PRESIDENT**

**03/16/2015**

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

\_\_\_\_\_  
Date