

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000012557

**FILED**  
**Feb 01, 2016**  
**Secretary of State**  
**CC8602822479**

**Entity Name:** MARIANNE HAZELITT, D.O. PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

106 CYPRESS POINT EAST  
PENSACOLA, FL 32514

**Current Mailing Address:**

106 CYPRESS POINT EAST  
PENSACOLA, FL 32514 US

**FEI Number:** 46-4652284

**Certificate of Status Desired:** No

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

HAZELITT, CHARLENE  
4524 PIPER GLEN DR  
PENSACOLA, FL 32514 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:** CHARLENE HAZELITT

02/01/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title D  
Name HAZELITT, MARIANNE D.O.  
Address 106 CYPRESS POINT EAST  
City-State-Zip: PENSACOLA FL 32514

Title S  
Name HAZELITT, CHARLENE  
Address 4524 PIPER GLEN DR  
City-State-Zip: PENSACOLA FL 32514

*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:** MARIANNE HAZELITT

**PRESIDENT**

02/01/2016

Electronic Signature of Signing Officer/Director Detail

Date