

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000002702

**Entity Name:** MARLEY MEDICAL PROVIDER GROUP, P.A.

**Current Principal Place of Business:**

2858 UNIVERSITY AVE #266  
MADISON, WI 53705

**Current Mailing Address:**

2858 UNIVERSITY AVE #266  
MADISON, WI 53705 US

**FEI Number: 87-4414073**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MGR  
Name BAKHRU, M.D, VIKRAM  
Address 2858 UNIVERSITY AVE #266  
City-State-Zip: MADISON WI 53705

*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: BAKHRU, M.D , VIKRAM**

**MGR**

**03/09/2023**

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

\_\_\_\_\_  
Date