

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L90471 (8)

1. Corporation Name

JOSE L. MARQUEZ, M.D., P.A.

Principal Place of Business

Mailing Address

155 W 49 ST
HALEAH FL 33012
US

155 W 49 ST
HALEAH FL 33012
US



3. Date Incorporated or Qualified

08/02/1990

3a. Date of Last Report

04/26/1995

4. FEI Number

65-0207173

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

PRICE, IRA B.
9130 S DADELAND BLVD
#1705
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when making change)

Date

12. OFFICERS AND DIRECTORS

TITLE D
NAME MARQUEZ, JOSE L., M.D.
STREET ADDRESS 1547 ALEGRIAND AVENUE
CITY-ST-ZIP CORAL GABLES FL

DELETE ☒

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

DELETE ☐

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE ☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE MARQUEZ, JOSE L. M.D.
12 NAME 155 W. 49 ST
13 STREET ADDRESS HALEAH, FL 33012
14 CITY-ST-ZIP

Change ☒ Addition ☐

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

Change ☐ Addition ☐

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

Change ☐ Addition ☐

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

Change ☐ Addition ☐

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

Change ☐ Addition ☐

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

Change ☐ Addition ☐

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year/Phone

CR2E034 (3/96)