2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State
09-12-2003 90088 038 ***150.00

0024110 AV

DOCUMENT # L90471

1. Entity Name
JOSE L. MARQUEZ, M.D., P.A.

Principal Place of Business	Mailing Address
2140 W. 68 ST	~~2140 W. 68 ST~~ 3659 S. Miami Ave
403	~~403~~
HIALEAH FL 33016	~~HIALEAH FL 33016~~ Miami, FL 33133
US	US

2. Principal Place of Business	3. Mailing Address
3659 S Miami Ave	3659 S Miami Ave
Suite, Apt #, etc 4001	Suite, Apt. #, etc. 4001
City & State Miami, FL. 33133	City & State Miami
Zip / Country USA	Zip 33133 / Country USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0207173 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PRICE, IRA B.	Name Jose L Marquez MD
9130 S DADELAND BLVD	Street Address (P.O. Box Number is Not Acceptable) 3659 S. Miami Ave
#1705	Suite 4001
MIAMI FL 33156	City Miami FL Zip Code 33133

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 9-5-03 305 285 7282
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	MARQUEZ, JOSE L M.D.	NAME	
STREET ADDRESS	2140 W 68 ST, SUITE 403	STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (4/03)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED [signature] 9-5-03 305 285-7282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

901564463

MDM Cardiology Associates #L90471

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
AND CARDIOVASCULAR DISEASES

Ricardo L. Machado, M.D., F.A.C.C. (305) 824-3451
Pedro O. Díaz, M.D. (305) 558-0720
José L. Márquez, M.D. (305) 556-6363
Jaime J. Sánchez, M.D. (305) 824-3451

2140 W. 68 St., #403, Hialeah, FL 33016
3659 South Miami Ave. #4001, Miami, FL 33133
(305) 285-7282

September 5, 2003

Divisions of Corporations
Uniform Business report Filings
PO Box 1500
Tallahassee, Fl 32302-1500

To Whom it may concern:

I am enclosing my renewal with my check #1219 for $150.00 which is the original filing fee amount for renewal.

I recently moved to 3659 S Miami Ave #4001, Miami, Fl 33133 and I never received the original renewal. I received the enclosed renewal a few days ago and I noticed that there was an expiration date of September 10, 2003 and a fee of $550.00.

Obviously the first renewal was lost in the mail and the second was received late because of the change in address.

Please make the appropriate changes to my information in order to avoid a problem like this again. I am sending you the original filing fee because I do not feel I should be penalized for a "post office" processing error.

Thank you for your prompt attention to this matter.

Sincerely,

JOSE L MARQUEZ, M.D.FACC
JLM:mvf