

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

2140 W. 68 ST

403

HIALEAH FL 33016

US

Mailing Address

2140 W. 68 ST

403

HIALEAH FL 33016

US

3659 S. Miami Ave
Miami, FL
33133



2. Principal Place of Business

3659 S Miami Ave

3. Mailing Address

3659 S Miami Ave

Suite, Apt. #, etc.

4001

Suite, Apt. #, etc.

4001

City & State

Miami, FL 33133

City & State

Miami

Zip

USA

Zip

33133

Country

USA

4. FEI Number

65-0207173

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PRICE, IRA B.

9130 S DABELAND BLVD

#1705

MIAMI FL 33156

7. Name and Address of New Registered Agent

Name

Jose L Marquez MD

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

3659 S. Miami Ave

Suite 4001

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9-5-03

305 285 7282

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

TITLE ☐ Delete

NAME MARQUEZ, JOSE L M.D.
STREET ADDRESS 2140 W 68 ST, SUITE 403
CITY-ST-ZIP HIALEAH FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-03 305

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

M.D.M Cardiology Associates

DIPLOMATE AMERICAN BOARD OF INTERNAL MEDICINE
AND CARDIOVASCULAR DISEASES

90156463

L90471

Ricardo L. Machado, M.D., F.A.C.C. (305) 824-3451
Pedro O. Diaz, 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.

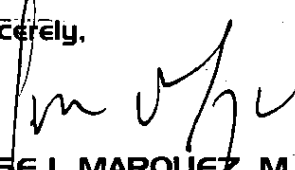
I recently moved to 3659 S Miami Ave #4001, Miami, FL 33133 and I never received the original renewal. I received the enclosed renewal a few days ago and I noticed that there was an expiration date of September 10, 2003 and a fee of \$550.00.

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