

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000010582

**Entity Name:** FORT LAUDERDALE MARINE CENTER, INC.

**Current Principal Place of Business:**

2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

C/O SELVIN PASSEN M.D  
2001 SW 20TH ST  
FORT LAUDERDALE, FL 33315

**FEI Number:** 65-0736302

**Certificate of Status Desired:** No

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

MURRAY, DAVID G  
14011 E. BROWARD BLVD., #200  
FORT LAUDERDALE, FL 33301 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 PD  
Name PASSEN, SELVIN MD  
Address 2019 SW 20 STREET # 106  
City-State-Zip: FORT LAUDERDALE FL 33315

Title VP  
Name PASSEN, MARTIN IMD  
Address 1107 WEST WICKE LANE  
City-State-Zip: LUTHERVILLE TIMONIUM MD 21093

Title T  
Name PASSEN, DORA  
Address 216 ST DUNSTANS ROAD  
City-State-Zip: BALTIMORE MD 21212

*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:** SELVIN PASSEN, MD

PD

01/22/2013

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

\_\_\_\_\_  
Date