

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90024 024 ***150.00

| | | | |
|--|---|---|---|
| DOCUMENT # 518889 1. Entity Name RALPH E. MARCUS, D.O., P.A. | | | |
| Principal Place of Business 9245 SW 157TH STREET SUITE #106 MIAMI, FL 33157-8985 | | Mailing Address 9245 SW 157TH STREET SUITE #106 MIAMI, FL 33157-8985 | |
| 2. Principal Place of Business 12681 S. Dixie Hwy. Suite, Apt. #, etc. | | 3. Mailing Address 10025 S.W. 94 Ct. Suite, Apt. #, etc. | |
| City & State MIAMI, FL. | | City & State MIAMI, FL. | |
| Zip 33156 Country USA | | Zip 33176 Country USA | |
| 4. FEI Number 59-1707897 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent MARCUS, RALPH E. 9245 SW 157 ST STE 106 MIAMI, FL 33157 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD MARCUS, RALPH E. 9245 S.W. 157TH STREET, SUITE 106 MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D MARCUS, SHARON 9245 S.W. 157TH STREET, SUITE 106 MIAMI, FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ralph E. Marcus</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 1/10/06 305-232-6565 <small>Date Daytime Phone #</small> | |