


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90261 022 \*\*\*150.00

<b>DOCUMENT # 518889</b> 1. Entity Name <b>RALPH E. MARCUS, D.O., P.A.</b>			
Principal Place of Business <b>12681 SOUTH DIXIE HIGHWAY</b> <b>MIAMI, FL 33156 US</b>		Mailing Address <b>10025 SOUTHWEST 94 COURT</b> <b>MIAMI, FL 33176 US</b>	
2. Principal Place of Business - No P.O. Box # <b>9000 S.W. 87 Court</b>		3. Mailing Address <b>Suite #214</b>	
Suite, Apt. #, etc. <b>MIAMI, FL</b>		Suite, Apt. #, etc. <b>MIAMI, FL</b>	
City & State <b>33176 USA</b>		City & State <b>33176 USA</b>	
Zip <b>33176</b>		Country <b>USA</b>	
4. FEI Number <b>59-1707897</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARCUS, RALPH E.</b> <b>9245 SW 157 ST STE 106</b> <b>MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>PD</b>	NAME <b>MARCUS, RALPH E.</b>	TITLE <b>Change</b>	NAME <b>Addition</b>
STREET ADDRESS <b>9245 S.W. 157TH STREET, SUITE 106</b>	CITY - ST - ZIP <b>MIAMI, FL</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>
TITLE <b>D</b>	NAME <b>MARCUS, SHARON</b>	TITLE <b>Change</b>	NAME <b>Addition</b>
STREET ADDRESS <b>9245 S.W. 157TH STREET, SUITE 106</b>	CITY - ST - ZIP <b>MIAMI, FL</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>
TITLE <b>Change</b>	NAME <b>Addition</b>	TITLE <b>Change</b>	NAME <b>Addition</b>
STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>
TITLE <b>Change</b>	NAME <b>Addition</b>	TITLE <b>Change</b>	NAME <b>Addition</b>
STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>
TITLE <b>Change</b>	NAME <b>Addition</b>	TITLE <b>Change</b>	NAME <b>Addition</b>
STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>	STREET ADDRESS <b>Change</b>	CITY - ST - ZIP <b>Addition</b>
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.			
<b>SIGNATURE:</b> <i>Ralph E Marcus</i>		Date: <i>1/10/07</i> Daytime Phone #: <i>305-232-6565</i>	