

DOCUMENT # 520051

R. MARINO, M.D., P.A.



Apr 06, 2007 08:00 A
Secretary of State

Mailing Address
PO BOX 2070
DAYTONA BEACH FL 32115



3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Namo

City

El	Zip Codo
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SIGNATURE

(NOTE: Registered Agent signature required when reissuing)

DATE

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

Delete

 Delete

☐ Delete☐ Delete

 Delete

☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition☐ Change ☐ Addition

SIGNATURE: Ralph G Marino Ralph G Marino

3-30-07

341 173 0955-

Date _____

David's Phone # _____