


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91279 001 \*\*\*150.00

<b>DOCUMENT # 630907</b>					
1. Entity Name <b>LAWRENCE I. MARCUS, M.D., P.A.</b>					
Principal Place of Business <b>951 NW 13TH ST 1-A BOCA RATON FL 33486 US</b>			Mailing Address <b>6913 CORTO CIRCLE BOCA RATON FL 33433</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>59-1926629</b>	
				Applied For 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, LAWRENCE 6913 CORTO CIRCLE BOCA RATON FL</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004, Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS					
TITLE	PD <input type="checkbox"/> Delete				
NAME	MARCUS, LAWRENCE				
STREET ADDRESS	6913 CORTO CIRCLE				
CITY-ST-ZIP	BOCA RATON FL				
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