2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State
02-04-2003 90102 008 ***150.00

DOCUMENT # F63924

1. Entity Name
DANIEL E. MARCUS, M.D., P.A.

Principal Place of Business	Mailing Address
4699 N. STATE ROAD S #7 TAMARAC FL 33313	4699 N. STATE ROAD S #7 TAMARAC FL 33313

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
7646 Nob Hill Road	7646 Nob Hill Road
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tamarac, FL	City & State: Tamarac, FL
Zip: 33321 / Country: USA	Zip: 33321 / Country: USA

4. FEI Number 59-2193641 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MARCUS, DANIEL E M.D. 4699 N. STATE ROAD S #7 TAMARAC FL 33313	Name: Marcus, Daniel E M.D. Street Address (P.O. Box Number is Not Acceptable): 7646 Nob Hill Road City: Tamarac FL Zip Code: 33321

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 [signature] 1-30-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	P MARCUS, DANIEL E M.D. 4699 N. STATE ROAD S #7 TAMARAC FL 33313 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Marcus, Daniel E.M.D. 7646 Nob Hill Road Tamarac, FL 33321 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED [signature] 1-30-03 954-484-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #