ZUU4 FUK PKUFIT CORPORATION ANNUAL REPORT

DOCUMENT # G50600

DONALD C. MARCUS, D.O., P.A.



Aug 18, 2004 8:00 am Secretary of State 08-18-2004 90003 044 ***150.00

Principal Place of Business

6766 W. SUNRISE BLVD.

STE. 101 PLANTATION, FL 33313 Mailing Address

6766 W. SUNRISE BLVD.

STE. 101

PLANTATION, FL 33313



03202004

No Chg-P

CR2E034 (10/03)

4. FEI Number 31-1068213 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MARCUS, DONALD#DO . . ≠ 6766 W. SUNRISE BLVD. STE, 101

IN-THIS SPACE PLANTATION, FL 33313

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent aignature required when reinstating)

FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. **PSD** TITLE MARCUS, DONALD C. D.O. NAME STREET ADDRESS 6766 W. SUNRISE BLVD. CITY-ST-ZIP PLANTATION, FL 33313 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIF TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DONOTWATE INETHIS SPACE

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GLASSER & ASSOCIATES, P.C

CERTIFIED PUBLIC ACCOUNTANTS & CONSULTANTS

Affachment 54068707 August 9, 2004

Florida Department of State Secretary of State Division of Corporations P.O. Box 6198 Tallahassee, FL 32314-6198

> Re: Donald C. Marcus DO, PA-Document #G50600 2004 Annual Report

Dear Sir or Madam:

This letter is in response to the received Notice of Intent to Dissolve. Upon a follow up review of the taxpayer's records, following the receipt of the enclosed notice, we discovered that the check issued and mailed with the originally filed annual report remains outstanding as of the date of this letter.

The above mentioned taxpayer is responsible for the filing of Annual Reports for two entities, Donald C. Marcus, DO, PA and Phatkidz, Inc. The original 2004 Annual Reports were submitted simultaneously, along with payments on April 1, 2004. The payment and Annual Report for Phatkidz, Inc. has been processed. But for reasons unknown, the report for Donald C. Marcus, DO, PA had not been received and that the check was still outstanding. Upon this realization, we contacted your office and per the representative's instructions, the taxpayer immediately issued replacement check #4562 in the amount of \$150.00 and is resubmitting a copy of the originally filed report for Donald C. Marcus, DO, PA.

Thank you for your attention to this issue. If I can be of any further assistance please feel free to contact me at (248) 851-3300.

Ivan M. Glasser

incerely,

Certified Public Accountant