

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 28, 2005 08:00 AM
Secretary of State

DOCUMENT # G50600

1. Entity Name
DONALD C. MARCUS, D.O., P.A.



Principal Place of Business
6766 W. SUNRISE BLVD.
STE. 101
PLANTATION, FL 33313

Mailing Address
6766 W. SUNRISE BLVD.
STE. 101
PLANTATION, FL 33313



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
31-1068213

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCUS, DONALD DO
6766 W. SUNRISE BLVD.
STE. 101
PLANTATION, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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 signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
MARCUS, DONALD C. D.O.
6766 W. SUNRISE BLVD.
PLANTATION, FL 33313

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U00000338869
04/28/05-80052-016 150.00

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IN THIS 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 Donald C. Marcus
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 25, 05 934.584.2900