2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # G50600

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

FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90388 011 ***150.00



04052006

No Chg-P

CR2E034 (11/05)

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 the obligat SIGNATURE	e named entity submits this statement for the plicons of registered agent. Signature, typed or printed name of registered agent and title			egistered agent, or bot	th, in the State of Florida. I am familiar with, and accept
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 May Be Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT PSD MARCUS, DONALD C. D.O. 6766 W. SUNRISE BLVD. PLANTATION, FL 33313	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			-		NOT WRITE THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			-		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #