2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K41345

City-St-Zip: OCALA, FL 34474

Entity Name: MARCUS J. DILORENZO, M.D., P.A.

FILED Apr 22, 2003 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
1834 SW ⁻ OCALA, F		6		
Current Mailing Address:			New Mailing Address:	
6465 S.W. OCALA, F	21ST 1ST CT L 34474 US			
FEI Number	: 59-2919611	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
6465 SW 2 OCALA, F The above			purpose of changing its registered	d office or registered agent, or both,
SIGNATUI	RE:			
	Electror	ic Signature of Registered Ag	gent	Date
Election Ca	mpaign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () DILORENZO, N 6465 SW 21ST OCALA, FL 34	CT. RD.	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D () DILORENZO, M 6465 SW 21ST		Title: Name: Address:	() Change () Addition

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARC DILORENZO PST 04/22/2003