

2013 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M37397	
1. Entity Name MARCIO C. FEREZ, M.D. P.A.	

Principal Place of Business 777 E. 25TH ST. #206 HIALEAH, FL 33013 US	Mailing Address 777 E. 25TH ST. #206 HIALEAH, FL 33013 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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10212013 Chg-P CR2E034 (12/11)

4. FE Number 59-2093580	Applied For Not Applicable
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5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
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5. Name and Address of Current Registered Agent

BLAY, JUAN J
1221 NW 42TH STREET.
MIAMI, FL 33142

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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: The registered agent signature requires a notary seal) DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 27, 2013**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DP	☐ Delete
NAME	FEREZ, MARCIO C. DR.	
STREET ADDRESS	777 E. 25TH STE. #206	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE	S	☐ Delete
NAME	NATALIA FEREZ	
STREET ADDRESS	777 E. 25 ST #206	
CITY-ST-ZIP	HIALEAH, FL 33013	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

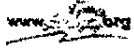
TITLE		☐ Change ☐ Addition
NAME	800253660248	
STREET ADDRESS	11/07/13--01030--004 ***558.75	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a other like empowered.

SIGNATURE:  4/4/13 CHAMPIOT@AOL.COM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E MAIL ADDRESS

FILED
13 MAY 31 PM 3:28
CLERK OF STATE
ALLAHASSEE, FLORIDA





Annual Report Filing History

Search By Document ID

Session

Transaction ID	Description	Filing Stage
m37397-0142bcb6-47ee-4718-9fbd-0222356c881d	Session file for m37397 with last modified date of 5/31/2013 11:01:06 AM Eastern Standard Time	Edit

Transactions

Transaction Id	Document Id	Filing Fee	Filing Status	Filing Date
M37397-1d19c046-eb4d-4c3c-803d-776553dc010b	M37397	0	2	4/30/2011 12:00:00 AM
M37397-61fbeb10-181f-407d-bd5d-d7e09204a442	M37397	0	2	4/30/2012 12:00:00 AM
M37397-89dd1bd4-a59a-4d82-bcf9-05d52fa8c0d1	M37397	0	2	3/11/2010 12:00:00 AM

