

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2005 8:00 am
Secretary of State

02-15-2005 90022 002 ***150.00

DOCUMENT # P01000041510



1. Entity Name
MARION PEDIATRICS, PA

Principal Place of Business

150 SE 17TH STREET
SUITE 801
OCALA, FL 34471

Mailing Address

150 SE 17TH STREET
SUITE 801
OCALA, FL 34471

50015499



2. Principal Place of Business

Marion Pediatrics
Suite, Apt. #, etc.
3105 SW 13th St
City & State
Ocala, Florida
Zip
34474 Country
USA

3. Mailing Address

Suite, Apt. #, etc.
3105 SW 13th St
City & State
Ocala, FL 34474
Zip
34474 Country
USA

01312005

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3709114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIERRE, YVES-LANDE
150 SE 17TH STREET
SUITE 801
OCALA, FL 34471

7. Name and Address of New Registered Agent

Name
Yves-Lande Pierre
Street Address (P.O. Box Number is Not Acceptable)
3105 SW 13th St
City
Ocala FL Zip Code
34474

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

2/9/05

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	DR	<input type="checkbox"/> Delete
NAME	PIERRE, YVES-LANDE	
STREET ADDRESS	4665 NE 13 TH ST	
CITY-ST-ZIP	OCALA, FL 34470	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Yves-Lande Pierre 2/9/05 352-364-7001