

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90260 038 ***150.00

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DOCUMENT # P01000079420

1. Entity Name
GUILLERMO MARRERO, M.D., P.A.

Principal Place of Business Mailing Address
411 VALENCIA CIRCLE **411 VALENCIA CIRCLE**
OVIDO FL 32765 **OVIDO FL 32765**

361462



2. Principal Place of Business 3. Mailing Address
~~1000 EXECUTIVE DR.~~ ~~1000 EXECUTIVE DR.~~
 Suite, Apt. #, etc. Suite, Apt. #, etc.
ONE **ONE**

City & State City & State
OVIDO, FL **OVIDO, FL**

Zip Country Zip Country
32765 **U.S.A.** **32765** **U.S.A.**

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
59-3742369 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MARRERO, GUILLERMO M.D.
411 VALENCIA CIRCLE
OVIDO FL 32765

Name **MARRERO Guillermo M.D.**
 Street Address (P.O. Box Number is Not Acceptable)
1000 EXECUTIVE DR SUITE ONE

City **OVIDO** FL Zip Code **32765**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRERO, GUILLERMO M.D.	NAME	MARRERO, Guillermo
STREET ADDRESS	411 VALENCIA CIRCLE	STREET ADDRESS	1000 EXECUTIVE DR SUITE ONE
CITY-ST-ZIP	OVIDO FL 32765	CITY-ST-ZIP	OVIDO, FL 32765
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Guillermo Marrero M.D. / CEO / Director Date: 4/29/02 Daytime Phone #: (407) 971-1970

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)