

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101729

FILED  
Apr 17, 2006  
Secretary of State

Entity Name: MARIE QUINONEZ, M.D., P.A.

**Current Principal Place of Business:**

1537 S. ALAPAYA TRAIL - SUITE 104  
ORLANDO, FL 32828

**New Principal Place of Business:**

1537 S. ALAFAYA TRAIL - SUITE 104  
ORLANDO, FL 32828

**Current Mailing Address:**

1537 S. ALAPAYA TRAIL - SUITE 104  
ORLANDO, FL 32828

**New Mailing Address:**

1537 S. ALAFAYA TRAIL - SUITE 104  
ORLANDO, FL 32828

FEI Number: 61-1457175

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARCHENA AND GRAHAM, P.A.  
233 SOUTH SEMORAN BLVD.  
ORLANDO, FL 32807 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: QUINONEZ, MARIE  
Address: 2875 MARSALA COURT  
City-St-Zip: ORLANDO, FL 32806

Title: S ( ) Delete  
Name: QUINONEZ, MARIE  
Address: 2875 MARSALA COURT  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: QUINONEZ, MARIE  
Address: 1537 S ALAFAYA TRAIL SUITE 104  
City-St-Zip: ORLANDO, FL 32828

Title: S (X) Change ( ) Addition  
Name: QUINONEZ, MARIE  
Address: 1537 S. ALAFAYA TRAIL SUITE 104  
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MARIE QUINONEZ

P

04/17/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date