

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000101729  
 1. Entity Name  
 MARIE QUINONEZ, M.D., P.A.



Principal Place of Business      Mailing Address  
 1537 S. ALAFAYA TRAIL - SUITE 104      1537 S. ALAFAYA TRAIL - SUITE 104  
 ORLANDO, FL 32828      ORLANDO, FL 32828

**DO NOT WRITE IN THIS SPACE**



03142007      No Chg-P      CR2E034 (11/05)

4. FEI Number      Applied For  
 61-1457175      Not Applicable

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

6. Name and Address of Current Registered Agent  
 MARCHENA AND GRAHAM, P.A.  
 233 SOUTH SEMORAN BLVD.  
 ORLANDO, FL 32807

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

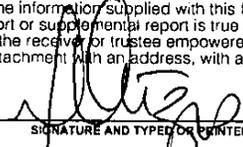
10. OFFICERS AND DIRECTORS

TITLE	P
NAME	QUINONEZ, MARIE
STREET ADDRESS	1537 S ALAFAYA TRAIL SUITE 104
CITY- ST- ZIP	ORLANDO, FL 32828
TITLE	S
NAME	QUINONEZ, MARIE
STREET ADDRESS	1537 S. ALAFAYA TRAIL SUITE 104
CITY- ST- ZIP	ORLANDO, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE IN THIS SPACE**

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 04/26/07-80014-022 150.00

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 all other like empowered.

SIGNATURE:       Date: 4/15/07      Daytime Phone #: 407 275 5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR