

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000101729

**FILED**  
**Jan 25, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

448 SOUTH ALAFAYA TRAIL, UNIT 1  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

448 SOUTH ALAFAYA TRAIL, UNIT 1  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 61-1457175      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

MARCHENA AND GRAHAM, P.A.  
976 LAKE BALDWIN LANE  
SUITE 101  
ORLANDO, FL 32814 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

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: QUINONEZ, MARIE R MD  
Address: 448 S ALAFAYA TRAIL SUITE 1  
City-St-Zip: ORLANDO, FL 32828

Title: S  
Name: QUINONEZ, MARIE  
Address: 448 S. ALAFAYA TRAIL SUITE 1  
City-St-Zip: ORLANDO, FL 32828

I hereby 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 all other like empowered.

SIGNATURE: MARIE R QUINONEZ

MD

01/25/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date