


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90087 009 ***150.00

DOCUMENT # P93000075226
 1. Entity Name
 FARID MARQUEZ, M.D., P.A.



Principal Place of Business 330 S.W. 27TH AVENUE STE. 403 MIAMI FL 33135	Mailing Address 330 S.W. 27TH AVENUE STE. 403 MIAMI FL 33135
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2. Principal Place of Business 2601 SW 37th Ave. Suite, Apt. #, etc. Ste 907	Mailing Address 11222 SW 95th. Suite, Apt. #, etc.
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City & State MIAMI FL	City & State MIAMI FL	4. FEI Number 65-0454706	Applied For <input type="checkbox"/> Not Applicable
Zip 33133	Country USA	Zip 33176	Country USA



1st MOORE CR2E034 (10/04)

6. Name and Address of Current Registered Agent
 MARQUEZ, FARID MD
 330 S.W. 27TH AVENUE
 STE. 403
 MIAMI FL 33135

7. Name and Address of New Registered Agent
 Name: Farid Marquez MD PA
 Street Address (P.O. Box Number is Not Acceptable): 2601 SW 37th Ave.
 Ste 907
 City: MIAMI FL Zip Code: 33133

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE D	NAME MARQUEZ, FARID MD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 330 S.W. 27TH AVENUE STE. 403	CITY-ST-ZIP MIAMI FL 33135	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Farid Marquez MD PA	NAME Farid Marquez MD PA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2601 SW 37th Ave. Ste 907	CITY-ST-ZIP MIAMI FL 33133	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 all other like empowered.

SIGNATURE:  DATE: Farid Marquez MD 3/5/05 305 470244
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #