FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000064874 (8)

1. Corporate Name

MARCO MEDICAL ASSOCIATES, INC.

Principal Place of Business

205 N COLLIER BLVD #228
MARCO ISLAND FL ~~33939~~
33937

Mailing Address

205 N COLLIER BLVD #228
MARCO ISLAND FL ~~33939~~
33937

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/02/1994

3a. Date of Last Report:

21 2. Principal Place of Business

26 2a. Mailing Address

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip | 25 County | 29 Zip | 30 Country

4. FEI Number: 65-0527204 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUQUET, MICHAEL B
205 N COLLIER BLVD #228
MARCO ISLAND FL ~~33939~~
33937

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Section(s) 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(If changing Registered Agent, Registered Agent must sign.) (If changing Registered Agent, Registered Agent must sign.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS, IN L/	
31 TITLE	DP	51 TITLE	☐ Change ☐ Addition
32 NAME	DUQUET, MICHAEL B	52 NAME	
33 STREET ADDRESS	205 N COLLIER BLVD #228	53 STREET ADDRESS	
34 CITY-ST-ZIP	MARCO ISLAND FL 33937	54 CITY-ST-ZIP	
35 TITLE	VTS	55 TITLE	☐ Change ☐ Addition
36 NAME	DUQUET, MICHAEL B	56 NAME	
37 STREET ADDRESS	205 N COLLIER BLVD #228	57 STREET ADDRESS	
38 CITY-ST-ZIP	MARCO ISLAND FL 33937	58 CITY-ST-ZIP	
39 TITLE		59 TITLE	☐ Change ☐ Addition
40 NAME		60 NAME	
41 STREET ADDRESS		61 STREET ADDRESS	
42 CITY-ST-ZIP		62 CITY-ST-ZIP	
43 TITLE		63 TITLE	☐ Change ☐ Addition
44 NAME		64 NAME	
45 STREET ADDRESS		65 STREET ADDRESS	
46 CITY-ST-ZIP		66 CITY-ST-ZIP	
47 TITLE		67 TITLE	☐ Change ☐ Addition
48 NAME		68 NAME	
49 STREET ADDRESS		69 STREET ADDRESS	
50 CITY-ST-ZIP		70 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 annual 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 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Michael Duquet

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

MICHAEL DUQUET

0324155 CP