

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 08 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000064874 (8)

1. Corporation Name

MARCO MEDICAL ASSOCIATES, INC.



Principal Place of Business

Mailing Address

~~800 N. COLLIER BLVD~~

~~800 N. COLLIER BLVD~~

~~800~~

~~800~~

~~MARCO ISLAND FL 34145~~

~~MARCO ISLAND FL 34145~~

~~US~~

~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number

65-0527204

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 950 N. COLLIER BLVD

26 950 N. COLLIER BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE #427

27 SUITE #427

City & State

City & State

23 MARCO ISLAND FLORIDA

28 MARCO ISLAND FLORIDA

Zip

Zip

24 34145

29 34145

Country

Country

25 USA

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUQUET, MICHAEL B

~~800 N. COLLIER BLVD #228~~

MARCO ISLAND FL 33937

950 N COLLIER BLVD

SUITE #427

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 Sections 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

Signature typed or printed herein of registered agent and time if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/29/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME DP DUQUET, MICHAEL B

STREET ADDRESS ~~800 N. COLLIER BLVD #228~~

CITY-ST-ZIP MARCO ISLAND FL

950 N. COLLIER #427

TITLE ☐ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME VTS DUQUET, MICHAEL B

STREET ADDRESS ~~800 N. COLLIER BLVD #305~~

CITY-ST-ZIP MARCO ISLAND FL

950 N. COLLIER BLVD #427

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual 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 if changed, with an attachment with an address.

SIGNATURE:

Michael B. Duquet President

4/29/98

941 3899777

CR2E034 (10/97)