

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90445 023 ***150.00

DOCUMENT # P94000064874

1. Entity Name
MARCO MEDICAL ASSOCIATES, INC.



Principal Place of Business
**1051 BAREFOOT WILLIAMS RD
NAPLES, FL 34113 US**

Mailing Address
**240 PRICE ST.
NAPLES, FL 34113 US**

14010470



2. Principal Place of Business

3. Mailing Address

1051 BAREFOOT WILLIAMS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004

Chg-P

CR2E034 (10/03)

City & State

City & State
NAPLES, FL

4. FEI Number

65-0527204

Applied For

Not Applicable

Zip

Country

Zip
34113

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DUQUET, MICHAEL B
1051 BAREFOOT WILLIAMS RD
NAPLES, FL 34113**

Name

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

City

FL

Zip Code

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

(Signature, typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
DUQUET, MICHAEL B
606 BALD EAGLE DR., STE 605
MARCO ISLAND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1051 BAREFOOT WILLIAMS RD.
NAPLES, FL 34113** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
DUQUET, MICHAEL B
606 BALD EAGLE DR., STE 605
MARCO ISLAND, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1051 BAREFOOT WILLIAMS RD.
NAPLES, FL 34113** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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 the address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL B. DUQUET

Date

4/23/04

Daytime Phone #