

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90101 017 ***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
**1051 BAREFOOT WILLIAMS RD
NAPLES, FL 34113 US**

14016134



2. Principal Place of Business

3. Mailing Address

13402 Marquette Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01102005

Chg-P

CR2E034 (10/03)

City & State

City & State

FL Myers FL

4. FEI Number

65-0527204

Applied For

Not Applicable

Zip

Country

Zip

33905

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)

13402 Marquette Blvd

City

FL Myers

FL

Zip Code

33905

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, 2005 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
1051 BAREFOOT WILLIAMS RD.
NAPLES, FL 34113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13402 Marquette Blvd.
FL Myers, FL 33905** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTS
DUQUET, MICHAEL B
1051 BAREFOOT WILLIAMS RD.
NAPLES, FL 34113** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**13402 Marquette Blvd.
FL Myers, FL 33905** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

TITLE
NAME
STREET ADDRESS
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4/30/05

239 777 3185