

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 05, 2003 8:00 am**  
**Secretary of State**

09-05-2003 90115 020 \*\*\*550.00

0139275 AT

**DOCUMENT # P94000064874**

1. Entity Name

**MARCO MEDICAL ASSOCIATES, INC.**



Principal Place of Business

~~240 PRICE ST.~~  
**NAPLES FL 34113**  
**US**

Mailing Address

~~240 PRICE ST.~~  
**NAPLES FL 34113**  
**US**

2. Principal Place of Business

**1051 Barefoot Williams Rd.**

3. Mailing Address

**same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Naples**

City & State

**same**

Zip

**34113**

Country

**USA**

Zip

**same**

Country

**same**

4. FEI Number

**65-0527204**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUQUET, MICHAEL B**

~~801 PARTRIDGE COURT~~

~~MARCO ISLAND FL 34145~~

7. Name and Address of New Registered Agent

Name

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

**1051 Barefoot Williams Rd.**

City

**Naples**

FL

Zip Code

**34113**

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)

**8/31/03**

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME **DUQUET, MICHAEL B**  
STREET ADDRESS **1051 Barefoot Williams Rd.**  
CITY-ST-ZIP **Naples, FL 34113**

TITLE ☒ Change ☐ Addition  
NAME **same as above**  
STREET ADDRESS  
CITY-ST-ZIP

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

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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 registered agent 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:

**Michael B. Duquet**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/31/03**

Date

Daytime Phone #

CR2E034 (4/03)