

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000086174

1. Entity Name
JAIME MARCHAND M.D., P.A.



Principal Place of Business
92 SQUIRE DR
WELLINGTON, FL 33414

Mailing Address
92 SQUIRE DR
WELLINGTON, FL 33414

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90044 034 ***150.00



03022004 No Chg-P CR2E034 (10/03)

4. FEI Number
36-4133608

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MARCHAND, JAIME
2433 ELGIN CT
WELLINGTON, FL 33414

92 Squire Dr.

**DO NOT WRITE
IN THIS SPACE**

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

TITLE D
NAME MARCHAND, JAIME
STREET ADDRESS 2433 ELGIN CT
CITY-ST-ZIP WELLINGTON, FL 33414

92 Squire Dr
Wellington FL
33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 #

3/30/04 5617920447