

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000101953
 1. Entity Name
 DR. JOHN J. MARCIN & ASSOCIATES, P.A.



Principal Place of Business Mailing Address
 2330 N WICKHAM RD 2330 N WICKHAM RD
 STE 2 STE 2
 MELBOURNE, FL 32935 US MELBOURNE, FL 32935 US

DO NOT WRITE IN THIS SPACE



01312008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 59-3417580 Not Applicable

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

6. Name and Address of Current Registered Agent
 MARCIN, JOHN J
 2330 N WICKHAM RD
 STE 2
 MELBOURNE, FL 32935

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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

000000216621
 02/12/08-30066-001 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIN, JOHN J 2330 N WICKHAM RD STE 2 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCIN, MARY A 2330 N WICKHAM RD STE 2 MELBOURNE, FL 32935
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John J. Marcin JOHN J. MARCIN 1/31/08 321-242-2424
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #