

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90047 043 ***150.00

0462130

DOCUMENT # P97000052142

1. Corporation Name

MARCO MEDICAL GROUP, INC.

Principal Place of Business

977 NORTH COLLIER BLVD.
977 N COLLIER BLVD
MARCO ISLAND FL 34145
US

Mailing Address

977 NORTH COLLIER BLVD.
MARCO ISLAND FL 34145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1997

4. FEI Number

59-3458906

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 19 Bald Eagle Dr.

Suite, Apt. #, etc.

22 Ste. B

City & State

23 Marco Island, FL

Zip

24 34145

Country

25 USA

2a. Mailing Address

26 19 Bald Eagle Dr.

Suite, Apt. #, etc.

27 Ste. B

City & State

28 Marco Island, FL

Zip

29 34145

Country

30 US

9. Name and Address of Current Registered Agent

GUIDRY, ANDREW M
1207 BAYSHORE BLVD.
INDIAN ROCKS BEACH FL 33785

10. Name and Address of New Registered Agent

81 Name

Same

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

19 Bald Eagle Dr.

83

Ste. B

84 City

Marco Island

FL

85 Zip Code

34145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Andrew M. Guidry
Signature, typed or printed name of registered agent and title if applicable.

Andrew M. Guidry

(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME GUIDRY, ANDREW M

STREET ADDRESS ~~977 N COLLIER BLVD~~

CITY-ST-ZIP ~~MARCO ISLAND FL 34145~~

TITLE ☒ DELETE

NAME ~~HAMMOND, LISA C~~

STREET ADDRESS ~~977 N COLLIER BLVD~~

CITY-ST-ZIP ~~MARCO ISLAND FL 34145~~

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Guidry, Andrew M

1.3 STREET ADDRESS 19 Bald Eagle Dr. Ste B.

1.4 CITY-ST-ZIP Marco Island, FL. 34145

2.1 TITLE ☒ Change ☒ Addition

2.2 NAME Guidry, Lisa C

2.3 STREET ADDRESS 19 Bald Eagle Dr. Ste. B.

2.4 CITY-ST-ZIP Marco Island, FL. 34145

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew M. Guidry
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/30/99

Daytime Phone #

CR2E034 (11/98)