

2000 UNIFORM BUSINESS RE

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90001 005 ***150.00

DOCUMENT # P97000052142

1. Entity Name

MARCO MEDICAL GROUP, INC.

Principal Place of Business

Mailing Address

19 BOLD EASLE DR
STE B
MARCO ISLAND FL 34145
US

19 BOLD EASLE DR
STE B
MARCO ISLAND FL 34145
US

B0012796



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

19 BALD EAGLE DR.

19 BALD EAGLE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE B

Ste. B

City & State

City & State

MARCO ISLAND, FL

MARCO ISLAND, FL

Zip

Country

Zip

Country

34145

USA

34145

USA

4. FEI Number 59-3458906

Applied For

Not Applicable

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

GUIDRY, ANDREW M
19 BOLD EAGLE DR
STE B
MARCO ISLAND FL 34145

Needs address
correction

Name GUIDRY, ANDREW M.

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

19 BALD EAGLE DR. STE. B

City MARCO ISLAND

FL

Zip Code 34145

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Andrew M. Guidry, D.O. 1/24/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDRY, ANDREW M 19 BOLD EAGLE DR STE B MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUIDRY, ANDREW M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 BALD EAGLE DR STE. B MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUIDRY, LISA C 19 BOLD EAGLE DR STE B MARCO ISLAND FL 34145	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GUIDRY, LISA C. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 BALD EAGLE DR. STE. B MARCO ISLAND, FL. 34145
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 11 or Block 12 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 #

Andrew M. Guidry, D.O. 1/24/00 941-394 4111