

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90032 032 ***150.00

40004447



| | | | |
|---|--|--|--|
| 0000000000 P97000071451 1. Entity Name BENJAMIN P. MARQUEZ, M.D., P.A. | | | |
| Principal Place of Business 4020 STATE ROAD 674 SUITE 1 SUN CITY CENTER, FL 33573 | | Mailing Address 4020 STATE ROAD 674 SUITE 1 SUN CITY CENTER, FL 33573 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 4020 SUN CITY CENTER BLVD. SUITE # 1 | |
| City & State SUN CITY CENTER FL | | 4. FEI Number 59-3448302 | |
| Zip 33573 | | Country USA | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent MARQUEZ, BENJAMIN P 4020 STATE ROAD 674 SUITE 1 SUN CITY CENTER, FL 33573 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
| 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: _____ <small>Signature (typed or printed name if requested agent is not applicable) PHOTO: Registered Agent signature (required when reinstating) DATE</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| PD MARQUEZ, BENJAMIN P 4020 STATE ROAD 674 STE 1 SUN CITY CENTER, FL 33573 | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 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 BENJAMIN P. MARQUEZ, M.D., President | | | |