


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90405 020 ***150.00

DOCUMENT # 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 SUN CITY CENTER BLVD
SUITE 1
SUN CITY CENTER, FL 33573

50012457



2. Principal Place of Business
1701 RICKENBACKER DR
 Suite, Apt. #, etc.
SUITE 4A

3. Mailing Address
1701 RICKENBACKER DR
 Suite, Apt. #, etc.
SUITE 4A

04122006 Chg-P CR2E034 (11/05)

City & State
SUN CITY CENTER, FL

City & State
SUN CITY CENTER, FL

4. FEI Number
59-3448302

Applied For
 Not Applicable

Zip
33573

Country
HILLSBOROUGH

Zip
33573

Country
HILLSBOROUGH

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

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
MARQUEZ, BENJAMIN P.
 Street Address (P.O. Box Number is Not Acceptable)
1701 RICKENBACKER DR.
SUITE 4A
 City
SUN CITY CENTER **FL** Zip Code
33573

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  DATE **04-12-06**

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, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUEZ, BENJAMIN P 4020 STATE ROAD 674 STE 1 SUN CITY CENTER, FL 33573 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARQUEZ, BENJAMIN P. 1701 RICKENBACKER DR., STE 4A SUN CITY CENTER, FL. 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **04-12-06** DAYTIME PHONE # **(813) 634-6880**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR