

# 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**

City & State

**SUN CITY CENTER, FL**

3. Mailing Address

**1701 RICKENBACKER DR**

Suite, Apt. #, etc.

**SUITE 4A**

City & State

**SUN CITY CENTER, FL**

04122006

Chg-P

CR2E034 (11/05)

4. FEI Number

**59-3448302**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

Zip  
**33573**

Country

**HILLSBOROUGH**

Zip  
**33573**

Country

**HILLSBOROUGH**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MARQUEZ, BENJAMIN P  
4020 STATE ROAD 674  
SUITE 1  
SUN CITY CENTER, FL 33573**

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

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

(NOTE: Registered Agent signature required when reinstating)

**04-12-06**

DATE

**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 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
MARQUEZ, BENJAMIN P.  
1701 RICKENBACKER DR., STE 4A  
SUN CITY CENTER, FL. 33573 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-12-06**

Date

**(813) 634-6880**

Daytime Phone #