

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000071451

FILED  
Apr 13, 2011  
Secretary of State

**Entity Name:** BENJAMIN P. MARQUEZ, M.D., P.A.

**Current Principal Place of Business:**

953 DEL WEBB BLVD EAST  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

953 DEL WEBB BLVD EAST  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

FEI Number: 59-3448302

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARQUEZ, BENJAMIN P  
953 DEL WEBB BLVD EAST  
SUN CITY CENTER, FL 33573 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: MARQUEZ, BENJAMIN P  
Address: 953 DEL WEBB BLVD EAST  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BENJAMIN P MARQUEZ

MD

04/13/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date