2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State
04-01-2004 90008 050 ***150.00

DOCUMENT # V49589

1. Entity Name
JOSE M. MARRERO, M.D., P.A.

66411240

Principal Place of Business	Mailing Address
430 SE COLORADO AVE. STUART, FL 34994 US	9709 SW BLD TERR. PALM CITY, FL 34990 US

02232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	9883 S.W. SANTA-MONICA
Suite, Apt. #, etc.	Suite, Apt. #, etc. DRIVE
City & State	City & State PALM CITY, FL
Zip / Country	Zip 34990 / Country USA

4. FEI Number 65-0346573 ☐ 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
MARRERO, JOSE M. 9709 SW PUEBLO TERR. PALM CITY, FL 34990	Name MARRERO, JOSE M. Street Address (P.O. Box Number is Not Acceptable) 9883 S.W. SANTA-MONICA-DRIVE City PALM CITY FL Zip Code 34990

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
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, 2004 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	P MARRERO, JOSE M. 9709 SW PUEBLOW TERR. PALM CITY, FL 34990 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	9883 S.W. SANTA-MONICA DR. PALM CITY, FL 34990 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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.

JOSE M. MARRERO MD

SIGNATURE: J Marrero MD 04/08/04 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #