

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000075226

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

**Current Principal Place of Business:**

5040 NW 7 ST  
SUITE 680  
MIAMI, FL 33126

**Current Mailing Address:**

11222 SW 95 CT  
MIAMI, FL 33176

**FEI Number:** 65-0454706

**Certificate of Status Desired:** No

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

MARQUEZ, FARID MD PA  
5040 NW 7 ST  
STE 680  
MIAMI, FL 33126 US

*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

**Officer/Director Detail :**

Title MD  
Name MARQUEZ, FARID MD PA  
Address 5040 NW 7 ST  
SUITE 680  
City-State-Zip: MIAMI FL 33126

Title MD  
Name MARQUEZ, FARID  
Address 1435 W 49 PL. SUITE 207  
City-State-Zip: HIALEAH FL 33012

*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:** FARID MARQUEZ

**MD**

**05/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date