

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000071451

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

**Current Principal Place of Business:**

953 DEL WEBB BLVD EAST  
SUN CITY CENTER, FL 33573

**Current Mailing Address:**

953 DEL WEBB BLVD EAST  
SUN CITY CENTER, FL 33573

**FEI Number:** 59-3448302

**Certificate of Status Desired:** No

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

MARQUEZ, BENJAMIN P  
953 DEL WEBB BLVD EAST  
SUN CITY CENTER, FL 33573 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, BENJAMIN P  
Address 953 DEL WEBB BLVD EAST  
City-State-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

04/21/2015

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

\_\_\_\_\_ Date