


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 29, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J96910**  
 1. Entity Name  
 MARK L. CIVIN, D.D.S., P.A.



Principal Place of Business  
 5600 PGA BLVD., SUITE 102  
 PALM BEACH GARDENS, FL 33418

Mailing Address  
 5600 PGA BLVD., SUITE 102  
 PALM BEACH GARDENS, FL 33418



**DO NOT WRITE IN THIS SPACE**

07012005 No Chg-P CR2E034 (10/03)

4. FEI Number  
 65-0016772 Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CIVIN, MARK L  
 5600 PGA BLVD #102  
 SUITE 490  
 PALM BCH GDNS, FL 33418

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS CIVIN, MARK L., D.D.S. 5600 P.G.A. BLVD #102 PALM BCH GARDENS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CIVIN, MARK L., D.D.S. 5600 P.G.A. BLVD #102 PALM BCH GARDENS, FL
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 08/29/05-80005-013 150.00

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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.

SIGNATURE: Mark L. Civin 8-25-05 561-624-2224  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #