2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# P01000104000

Entity Name: MARK W. GOCKE, MD, P.A.

Current Principal Place of Business:

210 JUPITER LAKES BLVD.
BUILDING 4000, SUITE 205
JUPITER, FL 33458

New Principal Place of Business:

1025 MILITARY TRAIL
SUITE 113
JUPITER, FL 33458

Current Mailing Address:

210 JUPITER LAKES BLVD.
BUILDING 4000, SUITE 205
JUPITER, FL 33458

New Mailing Address:

1025 MILITARY TRAIL
SUITE 113
JUPITER, FL 33458

FEI Number: 65-1150317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BAUMAN, BRYAN W
1200 BRICKELL AVENUE, SUITE 1720
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

GOCKE, MARK W
1025 MILITARY TRAIL
SUITE 113
JUPITER, FL 33458 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: MARK W. GOCKE 04/28/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: MD ( ) Delete
Name: GOCKE, MARK W MD
Address: 210 JUPITER LAKES BLVD. 4-205
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change ( ) Addition
Name: GOCKE, MARK W MD
Address: 1025 MILITARY TRAIL
City-St-Zip: JUPITER, FL 33458

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MARK W. GOCKE MD 04/28/2005
Electronic Signature of Signing Officer or Director Date