

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059696

Entity Name: MARK M. CARTER, M.D., P.A.

FILED  
Jan 05, 2012  
Secretary of State

**Current Principal Place of Business:**

24725 HARBOUR VIEW DR.  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

24725 HARBOUR VIEW DR.  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

FEI Number: 56-2366825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARTER, MARK M MD  
24725 HARBOUR VIEW DR.  
PONTE VEDRA BEACH, FL 32082 US

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

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

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CARTER, MARK M MD  
Address: 24725 HARBOUR VIEW DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32083

Title: MD  
Name: CARTER, ANGELIA R  
Address: 24725 HARBOUR VIEW DR.  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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: MARK M. CARTER MD

MD

01/05/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date