

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042744

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

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

13906 LAKESHORE BLVD - STE 320  
HUDSON, FL 34667

**New Principal Place of Business:**

13906 LAKESHORE BLVD  
SUITE # 320  
HUDSON, FL 34667

**Current Mailing Address:**

13906 LAKESHORE BLVD - STE 320  
HUDSON, FL 34667

**New Mailing Address:**

13906 LAKESHORE BLVD  
SUITE # 320  
HUDSON, FL 34667

FEI Number: 20-4675417

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALAGNA, MARK M.D.  
13906 LAKESHORE BLVD - STE 320  
HUDSON, FL 34667 US

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

ALAGNA, MARK A M.D.  
13906 LAKESHORE BLVD  
SUITE # 320  
HUDSON, FL 34667 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 A. ALAGNA

04/27/2010

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: ALAGNA, MARK A M.D.  
Address: 13906 LAKESHORE BLVD - STE 320  
City-St-Zip: HUDSON, FL 34667

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 A. ALAGNA

PRES

04/27/2010

Electronic Signature of Signing Officer or Director

Date