FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000012974 1. Corporation Name

MARK ERICH, M.D., P.A.

Principal Place of Business 2120 PALM TREE DR. PUNTA GORDA FL 33950

2. Principal Place of Business

Suite, Apt. #, etc.

21

Mailing Address

2120 PALM TREE DR. PUNTA GORDA FL 33950

2a. Mailing Address

Suite, Apt. #, etc.

FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90136 036 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

\$8.75 Additional

Fee Required

Not Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

12/18/1992 4. FEI Number

65-0379078

2		27									
City & State			ate			6. Election Campaign Financing Trust Fund Contribution			\$5.00 May Be Added to Fees		
Zip	Country	Zip 29	30	Country	,		rporation owes the all Property Tax.	current year Inta		□No	
4	25			<u>'l</u> -			and Address of Ne	aw Registered /	Agent		
	9. Name and Address of Curi	rent Registered Age	111	81	Name	10. 102					
COB	RPORATION INFORMATION SE	ERVICES INC						·			
1201 HAYS STREET TALLAHASSEE FL 32301					2 Street Address (P.O. Box Number is Not Acceptable)						
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IALL	ANASSEE FL 32301			83							
				84	City			FL	85 Zip C	ode	
					l					- anintarad	
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accept the obl	ate of Florida. Such ci	nange was autr	TORIZED DY	the corporati	on's board of d	irectors. I hereby a	ccept the appoir	itment as reg	istered	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Re	gistered Ager	nt signature require	d when reinstating)		DATE			
12.	OFFICERS	AND DIRECTORS		13.		ADDITIO	ONS/CHANGES TO	OFFICERS AN			
TITLE	PD		DELETE	1.1 TITLE	+		•		Change	Addition	
NAME	ERICH, MARK			1.2 NAME							
STREET ADDRESS	2856 CORAL COURT			1.3 STREET	T ADDRESS						
CITY-ST-ZIP	PUNTA GORDA ISLES FL 33	3950		1.4 CITY-S	ST-ZIP						
TITLE	TOTAL GOTON TOPES I E S.		DELETE	2.1 TITLE		<u>-</u>			Change	Addition	
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4. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-88

941-575-7159

Daytime Phone

R2E034 (11/98)