

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S66886

FILED  
Apr 20, 2011  
Secretary of State

**Entity Name:** H. BUSHNELL CLARKE, M.D., P.A.

**Current Principal Place of Business:**

603 7TH STREET SOUTH  
#540  
SAINT PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

603 7TH STREET SOUTH  
#540  
SAINT PETERSBURG, FL 33701 US

**New Mailing Address:**

**FEI Number:** 59-3074009      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

CLARKE, H. B  
603 7TH STREET SOUTH, SUITE 450  
SAINT PETERSBURG, FL 33701 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: CLARKE, H. BUSHNELL  
Address: 603 7TH ST S., #540  
City-St-Zip: SAINT PETERSBURG, FL 33701

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: H BUSHNELL CLARKE

D

04/20/2011

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date