

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 546993

**Entity Name:** MARK W. GORDON, M.D., P.A.

**Current Principal Place of Business:**

2301 N. UNIVERSITY DRIVE, SUITE  
203  
PEMBROKE PINES, FL 33024-3617

**Current Mailing Address:**

2301 N. UNIVERSITY DRIVE, SUITE  
203  
PEMBROKE PINES, FL 33024-3617

**FEI Number:** 59-1773668

**Certificate of Status Desired:** No

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

GORDON, MARK W.  
2301 N UNIVERSITY DRIVE, SUITE  
203  
PEMBROKE PINES, FL 33024-3617 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            P  
Name            GORDON,MARK W.  
Address        2301 N. UNIVERSITY DRIVE, SUITE  
                  203  
City-State-Zip: PEMBROKE PINES FL 33024-3617

Title            VP  
Name            GORDON, SANDI-JO GORSON  
Address        2301 N. UNIVERSITY DRIVE, SUITE  
                  203  
City-State-Zip: PEMBROKE PINES FL 33024-3617

*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 GORDON

**PRESIDENT**

**01/18/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date