

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000104000

**Entity Name:** MARK W. GOCKE, MD, P.A.

**Current Principal Place of Business:**

900 VILLAGE SQUARE CROSSING  
STE 150  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

PO BOX 224071  
WEST PALM BEACH, FL 33422 US

**FEI Number:** 65-1150317

**Certificate of Status Desired:** No

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

GOCKE, MARK W MD  
900 VILLAGE SQUARE CROSSING  
STE 103  
PALM BEACH GARDENS, FL 33410 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 W GOCKE

03/13/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR

Name GOCKE, MARK W MD

Address PO BOX 224071

City-State-Zip: WEST PALM BEACH FL 33422

*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 W GOCKE

DIRECTOR

03/13/2024

Electronic Signature of Signing Officer/Director Detail

Date