

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# S66886

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

**Current Principal Place of Business:**

603 7TH STREET SOUTH  
540  
SAINT PETERSBURG, FL 33701

**Current Mailing Address:**

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

**FEI Number:** 59-3074009

**Certificate of Status Desired:** No

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

CLARKE, H. B  
603 7TH STREET SOUTH, SUITE 450  
SAINT PETERSBURG, FL 33701 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            PRESIDENT  
Name            CLARKE, HENRY B DR.  
Address        603 7TH STREET SOUTH  
                  540  
City-State-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:** HENRY B CLARKE MD

**DIRECTOR**

**01/19/2015**

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

\_\_\_\_\_ Date