

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 497906

**FILED**  
**Jan 15, 2005**  
**Secretary of State**

**Entity Name:** BURTON W. MARSH, M.D., P.A.

**Current Principal Place of Business:**

1500 S. MAGNOLIA AVENUE  
SUITE 104  
OCALA, FL 32671

**New Principal Place of Business:**

1500 S. MAGNOLIA AVENUE  
SUITE 104  
OCALA, FL 34471

**Current Mailing Address:**

1500 S. MAGNOLIA AVENUE  
SUITE 104  
OCALA, FL 32671

**New Mailing Address:**

1500 S. MAGNOLIA AVENUE  
SUITE 104  
OCALA, FL 34471

**FEI Number:** 59-1654655

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARSH, BURTON W.  
1500 S MAGNOLIA AVE., ST 104  
OCALA, FL 32671 US

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

MARSH, BURTON W.  
1500 S MAGNOLIA AVE., ST 104  
OCALA, FL 34471 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

01/15/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MARSH, BURTON W.,  
Address: 1500 S. MAGNOLIA AVE.  
City-St-Zip: Ocala, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: MARSH, BURTON W.,  
Address: 1500 S. MAGNOLIA AVE.  
City-St-Zip: Ocala, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BURTON W. MARSH, MD

PD

01/15/2005

Electronic Signature of Signing Officer or Director

Date