

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 25 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 578351 (9)

1. Corporation Name  
MARK MOOTS, M.D., P.A.

Principal Place of Business

201 EIGHT STREET SOUTH  
NAPLES FL 33940

Mailing Address

201 EIGHT STREET SOUTH  
NAPLES FL 33940



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1978

4. FEI Number

59-1904071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 848 1st Ave, N  
Suite, Apt. #, etc.  
22 #220

2a. Mailing Address

26 848 1st Ave, N  
Suite, Apt. #, etc.  
27 #220

23 City & State  
NAPLES FL

24 Zip  
34102

25 Country  
Collier

28 City & State  
NAPLES FL

29 Zip  
34102

30 Country  
Collier

9. Name and Address of Current Registered Agent

MOOTS, MARK F., M.D.  
201 EIGHT STREET SOUTH  
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

848 1st Ave, N

83 #220

84 City  
NAPLES

FL

85 Zip Code  
34102

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Mark F. Moots* (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MOOTS, MARK F.  
STREET ADDRESS 201 EIGHT ST. SOUTH  
CITY-ST-ZIP NAPLES FL

TITLE ST  
NAME MOOTS, FAY J.  
STREET ADDRESS 201 EIGHT ST SOUTH  
CITY-ST-ZIP NAPLES FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 848 1st Ave, N  
1.4 CITY-ST-ZIP NAPLES, FL 34102

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 848 1st Ave, N  
2.4 CITY-ST-ZIP NAPLES, FL 34102

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Mark F. Moots*

3-10-98

CR2E034 (10/97)