2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2007 08:00 AM
Secretary of State

DOCUMENT # 604843

1. Entity Name
JOHN M. CLARKE, M.D., P.A.

Principal Place of Business	Mailing Address
1609 PASADENA AVE. S SUITE 4C ST PETERSBURG, FL 33707 US	1609 PASADENA AVE. S SUITE 4C ST PETERSBURG, FL 33707 US

DO NOT WRITE IN THIS SPACE

07252007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-1497147

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CLARKE, JOHN M., M.D.
1609 PASADENA AVE. S
SUITE 4C
ST PETERSBURG, FL 33707

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
(Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated)

FILE NOW!! FEE IS $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	CLARKE, JOHN M
STREET ADDRESS	1609 PASADENA AVE. S
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	D
NAME	CLARKE, JOHN M MD
STREET ADDRESS	1609 PASADENA AVE. S
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	VS
NAME	CLARKE, KIT H.
STREET ADDRESS	1609 PASADENA AVE. S
CITY-ST-ZIP	ST PETERSBURG, FL 33707
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000772624
08/23/07-80002-014 550.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J M Clarke 7/27/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #