

2007 FOR PROFIT CORPORATION ANNUAL REPORT

Send to **FILED**
Aug 23, 2007 08:00 AM
Secretary of State
KAR

DOCUMENT # 604843 1. Entity Name JOHN M. CLARKE, M.D., P.A.	
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Principal Place of Business 1609 PASADENA AVE. S SUITE 4C ST PETERSBURG, FL 33707 US	Mailing Address 1609 PASADENA AVE. S SUITE 4C ST PETERSBURG, FL 33707 US
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07252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1497147	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$0.75 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 _____ (NOTE: Registered Agent signature required when making change) DATE _____

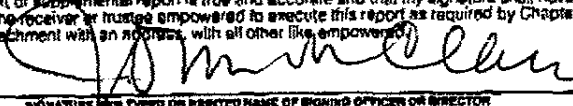
FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT CLARKE, JOHN M 1609 PASADENA AVE. S ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CLARKE, JOHN M MD 1609 PASADENA AVE. S ST PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS CLARKE, KIT H. 1609 PASADENA AVE. S 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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12. 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:  7/27/07
SIGNATURE WAS TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #