FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604843

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

Principal Place of Business	Mailing Address
1615 PASADENA AVE. S SUITE 460 ST PETERSBURG FL 33707 US	1615 PASADENA AVE. S SUITE 460 ST PETERSBURG FL 33707 US

REINSTATEMENT ☐ CHECK HERE IF MAKING CHANGES 03

2. Principal Place of Business	3. Mailing Address
1609 PASADENA AVE South	1609 PASADENA AVE South
Suite, Apt. #, etc.: SUITE 4C	Suite, Apt. #, etc.: SUITE 4C
City & State: ST. PETERSBURG, FL	City & State: ST. PETERSBURG, FL
Zip: 33707 Country:	Zip: 33707 Country:

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.
1615 PASADENA AVE. S
SUITE 460
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name: JOHN M. CLARKE, MD
Street Address (P.O. Box Number is Not Acceptable): 1609 PASADENA AVE South
SUITE 4C
City: ST. PETERSBURG FL Zip Code: 33707

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: [signature] DATE
(Signature required on printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
After September 10, 2003 Fee will be $750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT CLARKE, JOHN M ~~1615 PASADENA AVE. S., SUITE 460~~ ST PETERSBURG FL	☐ Delete	[blank]	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CLARKE, JOHN M MD ~~1615 PASADENA AVE. S., SUITE 460~~ ST PETERSBURG FL	☐ Delete	1609 PASADENA AVE S., STE 4C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS CLARKE, KIT H. ~~1615 PASADENA AVE. S., SUITE 460~~ ST.PETERSBURG FL	☐ Delete	1609 PASADENA AVE S., STE 4C	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E084 (4/03)

12. 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 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 an asterisk in front of the amended.

SIGNATURE: SIGNATURE REQUIRED 8/20/03
(Signature and Printed Name of Officer or Director) (Date) (Daytime Phone Number)

July 10, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: John M. Clarke, MD, PA
FEI: 59-1497147
2003 Uniform Business Report (UBR)

Ladies/Gentlemen:

Enclosed kindly find our completed 2003 UBR, along with our check for $150. We apologize for the late filing as we have no record of receiving the original form.

Kindly accept the enclosed check as payment in full and waive the late penalty assessment. Thank you for your consideration.

Sincerely,

John M. Clarke, MD

Enclosures