

~~Quest-on-Demand™~~

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 648567

1. Entity Name
MARK E. WEIGLEY, M.D., P.A.



Principal Place of Business

**685 PALM SPRINGS DRIVE SUITE 1-A
PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701**

Mailing Address

**685 PALM SPRINGS DRIVE SUITE 1-A
PALM SPRINGS MEDICAL CENTER
ALTAMONTE SPRINGS, FL 32701**



02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1953295

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**WEIGLEY, MARK E., M.D.
685 PALM SPRINGS DR S1A
ALTAMONTE SPRINGS, FL 32701**

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000447083
03/08/06 00037 025 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|--------------------------|
| TITLE | PD |
| NAME | WEIGLEY, MARK E., M.D. |
| STREET ADDRESS | 685 PALM SPRINGS DR S1A |
| CITY-ST-ZIP | ALTAMONTE SPGS., FL |
| TITLE | S |
| NAME | WEIGLEY, KATHLEEN |
| STREET ADDRESS | 685 PALM SPRINGS DR.S-1A |
| CITY-ST-ZIP | ALTAMONTE SPGS., FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Mark Weigley **Mark Weigley** 2-19-06 407-339-5959