

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 21, 1999 8:00 am  
Secretary of State

02-21-1999 90061 044 \*\*\*150.00

DOCUMENT # J08205

1. Corporation Name

MARK P. CARROLL, D.C., P.A.

Principal Place of Business

MARK P. CARROLL  
PINE RIDGE RD.  
NAPLES FL 33942

Mailing Address

% MARK P. CARROLL  
2097 PINE RIDGE RD.  
NAPLES FL 33942



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/07/1986

4. FEI Number

59-2664622

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

Principal Place of Business

5390 PARK CENTRAL COURT

2a. Mailing Address

5390 PARK CENTRAL COURT

Suite, Apt. #, etc.

NAPLES, FL.

Suite, Apt. #, etc.

---

City & State

NAPLES, FL.

City & State

NAPLES, FL.

Zip

34109

Country

USA

Zip

34109

Country

USA

9. Name and Address of Current Registered Agent

CARROLL, MARK P.  
2097 PINE RIDGE RD.  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name

MARK P. CARROLL

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

5390 PARK CENTRAL COURT

83

84 City

NAPLES

FL

85 Zip Code

34109

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

DP ☐ DELETE

CARROLL, MARK P.  
1090 NOTTINGHAM DR.  
NAPLES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5390 PARK CENTRAL COURT  
NAPLES, FL 34109

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/99 (941) 558-9599

CR2E034 (11/98)