

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M98652

(4)

1. Corporation Name

MARKHAM AND MOBLEY, M.D., P.A.

Principal Place of Business

11375 CORTEZ BLVD.  
SPRING HILL FL 34613

Mailing Address

8825 SKYMASTER DR.  
NEW PORT RICHEY FL 34654  
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

MOBLEY, KATHLEEN (M.D.)  
8825 SKYMASTER DR.  
NEW PORT RICHEY FL 34654

3. Date Incorporated or Qualified

09/08/1988

3a. Date of Last Report

06/22/1995

4. FEI Number

59-2908262

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01-02 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 607.0605, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Director (Print Name)

DATE

12. OFFICERS AND DIRECTORS

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                               |
|----------------------------|-------------------------------------------------------------------------------------|
| 1. TITLE                   | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 2. NAME                    | 2. NAME                                                                             |
| 3. STREET ADDRESS          | 3. STREET ADDRESS                                                                   |
| 4. CITY, ST, ZIP           | 4. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 5. TITLE                   | 5. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| 6. NAME                    | 6. NAME                                                                             |
| 7. STREET ADDRESS          | 7. STREET ADDRESS                                                                   |
| 8. CITY, ST, ZIP           | 8. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 9. TITLE                   | 9. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition          |
| 10. NAME                   | 10. NAME                                                                            |
| 11. STREET ADDRESS         | 11. STREET ADDRESS                                                                  |
| 12. CITY, ST, ZIP          | 12. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE                  | 13. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 14. NAME                   | 14. NAME                                                                            |
| 15. STREET ADDRESS         | 15. STREET ADDRESS                                                                  |
| 16. CITY, ST, ZIP          | 16. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE                  | 17. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 18. NAME                   | 18. NAME                                                                            |
| 19. STREET ADDRESS         | 19. STREET ADDRESS                                                                  |
| 20. CITY, ST, ZIP          | 20. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 21. TITLE                  | 21. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 22. NAME                   | 22. NAME                                                                            |
| 23. STREET ADDRESS         | 23. STREET ADDRESS                                                                  |
| 24. CITY, ST, ZIP          | 24. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 25. TITLE                  | 25. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 26. NAME                   | 26. NAME                                                                            |
| 27. STREET ADDRESS         | 27. STREET ADDRESS                                                                  |
| 28. CITY, ST, ZIP          | 28. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 29. TITLE                  | 29. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 30. NAME                   | 30. NAME                                                                            |
| 31. STREET ADDRESS         | 31. STREET ADDRESS                                                                  |
| 32. CITY, ST, ZIP          | 32. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 33. TITLE                  | 33. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 34. NAME                   | 34. NAME                                                                            |
| 35. STREET ADDRESS         | 35. STREET ADDRESS                                                                  |
| 36. CITY, ST, ZIP          | 36. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 37. TITLE                  | 37. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 38. NAME                   | 38. NAME                                                                            |
| 39. STREET ADDRESS         | 39. STREET ADDRESS                                                                  |
| 40. CITY, ST, ZIP          | 40. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41. TITLE                  | 41. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 42. NAME                   | 42. NAME                                                                            |
| 43. STREET ADDRESS         | 43. STREET ADDRESS                                                                  |
| 44. CITY, ST, ZIP          | 44. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 45. TITLE                  | 45. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 46. NAME                   | 46. NAME                                                                            |
| 47. STREET ADDRESS         | 47. STREET ADDRESS                                                                  |
| 48. CITY, ST, ZIP          | 48. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 49. TITLE                  | 49. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 50. NAME                   | 50. NAME                                                                            |
| 51. STREET ADDRESS         | 51. STREET ADDRESS                                                                  |
| 52. CITY, ST, ZIP          | 52. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 53. TITLE                  | 53. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 54. NAME                   | 54. NAME                                                                            |
| 55. STREET ADDRESS         | 55. STREET ADDRESS                                                                  |
| 56. CITY, ST, ZIP          | 56. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 57. TITLE                  | 57. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 58. NAME                   | 58. NAME                                                                            |
| 59. STREET ADDRESS         | 59. STREET ADDRESS                                                                  |
| 60. CITY, ST, ZIP          | 60. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61. TITLE                  | 61. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition         |
| 62. NAME                   | 62. NAME                                                                            |
| 63. STREET ADDRESS         | 63. STREET ADDRESS                                                                  |
| 64. CITY, ST, ZIP          | 64. CITY, ST, ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Kathleen Mobley, M.D.* Kathleen Mobley, M.D.

1/31/96

904 596-6632

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Signature Printed Name

83632

CR2E034 (12/95)