2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 11, 2009
Secretary of State

DOCUMENT# P00000009806

Entity Name: MARK NOWACKI, M.D., P.A.

Current Principal Place of Business:

1609 PASADENA AVENUE SO. SUITE J
ST PETERSBURG, FL 337074564

New Principal Place of Business:

Current Mailing Address:

1609 PASADENA AVENUE SO. SUITE J
ST PETERSBURG, FL 337074564

New Mailing Address:

1609 PASADENA AVENUE SO. SUITE 4J
ST PETERSBURG, FL 337074564

FEI Number: 59-3617364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOWACKI, DR. MARK PA
1609 PASADENA AVENUE S , #4J
S PASADENA, FL 33707 US

Name and Address of New Registered Agent:

NOWACKI, DR. MARK PA
1609 PASADENA AVENUE S , #4J
S PETERSBURG, FL 33707 US

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.

SIGNATURE: DR. MARK NOWACKI 09/11/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: NOWACKI, MARK
Address: 1609 PASADENA AVENUE SO. SUITE J
City-St-Zip: ST PETERSBURG, FL 337074564

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: NOWACKI, MARK DR
Address: 1609 PASADENA AVENUE SO. SUITE J
City-St-Zip: ST PETERSBURG, FL 337074564

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. MARK NOWACKI DP 09/11/2009
Electronic Signature of Signing Officer or Director Date