2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000071805

1. Entity Name MARK J. HEPP, M.D., P.A.

Secretary of State

Principal Place of Business

Mailing Address

3073 WOODSONG LANE CLEARWATER, FL 33761

3073 WOODSONG LANE CLEARWATER, FL. 33761



01132008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3663611

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

FILED

Feb 14, 2008 08:00 AF

5. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE, SUITE 1400 ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

0,(2,::100	,, 2 3230		IN	IHIS SPACE
	named entity submits this statement for the pions of registered agent	urpose of changing its registered office	or registered agent, or bo	th, in the State of Florida . I am familiar with, and accept
SIGNATURE Signature (viped or printed name of registered agont and title if applicable (NOTF, Registered Agent signature required when reinstating) DATE				
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
10. ITILE NAME SIREET ADDRESS CITY-S1-ZIP	OFFICERS AND DIRECT PSTD HEPP, MARK J 3073 WOODSONG LANE CLEARWATER, FL 33761	CTORS		U00000827250 02/21/08-80081-023 J50.00
NAME STREET ADDRESS CULY-ST-ZIP				gui I.1. 00 33331 363 73.733
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-S1-ZIP			IN	THIS SPACE
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

12. Thereby certify that the information supplied with this filling 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 P

NTED NAME OF SIGNINGOFFICER OR DIRECTOR

2/9/09

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Daytime Phone #