

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90128 005 ***150.00

DOCUMENT # P00000089662

1. Entity Name
MARK EMAS, M.D., P.A.



Principal Place of Business
**3627 UNIVERSITY BLVD SUITE 550
JACKSONVILLE FL 32216**

Mailing Address
**3627 UNIVERSITY BLVD SUITE 550
JACKSONVILLE FL 32216**



2. Principal Place of Business

4085 UNIVERSITY BLVD S

3. Mailing Address

4085 UNIVERSITY BLVD S

Suite, Apt. #, etc.
SUITE 3

Suite, Apt. #, etc.
SUITE 3

City & State
JACKSONVILLE, FL

City & State
JACKSONVILLE, FL

Zip
32216

Country
USA

Zip
32216

Country
USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-3672223

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**EMAS, MARK MD
3627 UNIVERSITY BLVD SUITE 550
JACKSONVILLE FL 32216**

7. Name and Address of New Registered Agent

Name
EMAS MARK MD
Street Address (P.O. Box Number is Not Acceptable)
4085 UNIVERSITY BLVD S, SUITE 3
City
JACKSONVILLE FL Zip Code
32216

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

(NOTE: Registered Agent signature required when reinstating)

DATE **3/6/03**

FILE NOW!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMAS, MARK MD 3627 UNIVERSITY BLVD SUITE 550 JACKSONVILLE FL 32216	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARK K EMAS MD 4085 UNIVERSITY BLVD, SUITE 3 JACKSONVILLE, FL 32216	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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]** SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)