

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2003 8:00 am
Secretary of State

03-26-2003 90166 003 ***150.00

DOCUMENT # P00000098179

1. Entity Name
MARK C. HOFMANN, M.D., P.A.



Principal Place of Business
**3636 UNIVERSITY BLVD. SOUTH
SUITE A-9
JACKSONVILLE BEACH FL 32216**

Mailing Address
**P.O. BOX 551260
JACKSONVILLE FL 32255**

2. Principal Place of Business

3. Mailing Address

3636 University Blvd S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite A9

City & State

Jacksonville, FL

Zip

Country

Zip

Country

32216

4. FEI Number **59-3674687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SCHNEIDER, MICHAEL N
5150 BELFORT ROAD
BUILDING 100
JACKSONVILLE FL 32256**

~~**MARK HOFMANN M.H.
3636 UNIVERSITY BLVD S.
SUITE A-9
JACKSONVILLE, FL 32216**~~

7. Name and Address of New Registered Agent

Name **MARK C. HOFMANN**

Street Address (P.O. Box Number is Not Acceptable)
3564 SILVERY LN.

City **JACKSONVILLE,**

FL

Zip Code **32217**

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 **Mark C. Hofmann** **MARK C. HOFMANN, PRESIDENT 3/1/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **DPST** ☐ Delete
NAME **HOFMANN, MARK C M.D.**
STREET ADDRESS **3636 UNIVERSITY BLVD. SOUTH SUITE A-9**
CITY-ST-ZIP **JACKSONVILLE BEACH FL 32216**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/1/03

CR2E034 (10/02)