

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000031388

Entity Name: MARK ALAN SAUER, M.D., P.A.

FILED
Jan 19, 2007
Secretary of State

Current Principal Place of Business:

5708 RIVERSIDE DR.
CAPE CORAL, FL 33904

New Principal Place of Business:

8366 CHARTER CLUB CIRCLE
#6
FORT MYERS, FL 33919

Current Mailing Address:

P O BOX 07418
FORT MYERS, FL 33919

New Mailing Address:

P.O. BOX 07418
FORT MYERS, FL 33919

FEI Number: 65-1089135

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM J ESQ.
9696 BONITA BEACH RD.
SUITE 201
BONITA SPRINGS, FL 34135 US

Name and Address of New Registered Agent:

SAUER, MARK A MD
8366 CHARTER CLUB CIRCLE
#6
FORT MYERS, FL 33919 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: MARK A. SAUER, M.D.

01/19/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SAUER, MARK A
Address: P O BOX 07418
City-St-Zip: FORT MYERS, FL 33919

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARK A. SAUER, M.D.

P

01/19/2007

Electronic Signature of Signing Officer or Director

Date