

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000120483

FILED
Jul 06, 2004
Secretary of State

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

Current Principal Place of Business:

1795 MARSHSIDE DRIVE
JACKSONVILLE, FL 32250

New Principal Place of Business:

700 3RD ST.
302
NEPTUNE BEACH, FL 32266

Current Mailing Address:

1795 MARSHSIDE DRIVE
JACKSONVILLE, FL 32250

New Mailing Address:

700 3RD ST.
302
NEPTUNE BEACH, FL 32266

FEI Number: 01-0562597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AKEL, DANIEL D
ONE INDEPENDENT DRIVE STE 2301
JACKSONVILLE, FL 32202 US

Name and Address of New Registered Agent:

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:

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: MESSINESE, MARK A
Address: 1795 MARSHSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

Title: ST () Delete
Name: MESSINESE, DEBORAH
Address: 1795 MARSHSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MESSINESE, MARK A
Address: 1795 MARSHSIDE DRIVE
City-St-Zip: JACKSONVILLE, FL 32250

Title: ST (X) Change () Addition
Name: MESSINESE, DEBORAH
Address: 1795 MARSHSIDE DRIVE
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby certify that the information supplied with this filing does not qualify for the 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 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. MESSINESE

DR

07/06/2004

Electronic Signature of Signing Officer or Director

Date