

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000070804

FILED
Jul 02, 2004
Secretary of State

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

Current Principal Place of Business:

7623 DUNBRIDGE DR
ODESSA, FL 33556

New Principal Place of Business:

13910 LAKESHORE BLVD
SUITE 130
HUDSON, FL 34667

Current Mailing Address:

7623 DUNBRIDGE DR
ODESSA, FL 33556

New Mailing Address:

13910 LAKESHORE BLVD
SUITE 130
HUDSON, FL 34667

FEI Number: 68-0512997

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTALDI, RONALD A
101 E KENNEDY BLVD, STE 3400
TAMPA, FL 33601 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: PD () Delete
Name: CHEEK, D. MARK M.D.
Address: 7623 DUNBRIDGE DR
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CHEEK, D. MARK M.D.
Address: 13910 LAKESHORE BLVD, SUITE 130
City-St-Zip: HUDSON, FL 34667

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: D. MARK CHEEK

PD

07/02/2004

Electronic Signature of Signing Officer or Director

Date