

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006357

**FILED  
Feb 12, 2008  
Secretary of State**

**Entity Name:** MARK B. LONSTEIN, M.D., P.A.

**Current Principal Place of Business:**

1921 WALDEMERE STREET  
SUITE 609  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1921 WALDEMERE STREET  
SUITE 609  
SARASOTA, FL 34239

**New Mailing Address:**

**FEI Number:** 01-0767180      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LONSTEIN, M.D., MARK B  
1921 WALDEMERE STREET  
SUITE 609  
SARASOTA, FL 34239 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LONSTEIN, MARK MD  
Address: 1921 WALDEMERE ST.  
City-St-Zip: SARASOTA, FL 34239

**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 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 LONSTEIN

MD

02/12/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date