

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000059696

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

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

24725 HARBOUR VIEW DR.
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

24725 HARBOUR VIEW DR.
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 56-2366825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARTER, MARK M MD
421 ROYAL TERN ROAD SOUTH
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

CARTER, MARK M MD
24725 HARBOUR VIEW DR.
PONTE VEDRA BEACH, FL 32082 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 M.CARTER MD

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARTER, MARK M MD
Address: 421 ROYAL TERN ROAD SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32083

Title: MD () Delete
Name: CARTER, ANGELIA R
Address: 421 ROYAL TERN ROAD SOUTH
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CARTER, MARK M MD
Address: 24725 HARBOUR VIEW DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32083

Title: MD (X) Change () Addition
Name: CARTER, ANGELIA R
Address: 24725 HARBOUR VIEW DR.
City-St-Zip: PONTE VEDRA BEACH, FL 32082

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 M.CARTER MD

D

01/19/2009

Electronic Signature of Signing Officer or Director

Date