2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000112898

Entity Name: DR. MARK SCHWARIZ P.A.

FILED Jul 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:		
815 SE 18 HALLAND	ST AVE DALE, FL 33009)				
Current N	Mailing Addres	s:	New Mailing Address	New Mailing Address:		
815 SE 18 HALLAND	ST AVE DALE, FL 33009)				
FEI Numbei	r: 37-1476779	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:		
815 SE 18	RTZ, MARK DR ST AVE DALE, FL 33009) US				
		submits this statement for the	purpose of changing its registered	d office or registered agent, or both		
	te of Florida.		F F	a office of registered agent, or both,		
signatu	IRE:	ic Signature of Registered Ag		Date		
SIGNATU In accordar	Electron	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n	ent			
SIGNATU In accordar Election Ca	Electron	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n Trust Fund Contribution().	ent ot receive the prior notice.			
SIGNATU In accordar Election Ca	Electron nce with s. 607.193 mpaign Financing	ic Signature of Registered Ag 8(2)(b), F.S., the corporation did n 7 Trust Fund Contribution (). FORS: Delete ARK DR	ent ot receive the prior notice.	Date		
SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	Electron nce with s. 607.193 ampaign Financing S AND DIREC D () SCHWARTZ, M. 815 SE 1ST AV HALLANDALE, I	ic Signature of Registered Ag 3(2)(b), F.S., the corporation did n 7 Trust Fund Contribution (). TORS: Delete ARK DR E FL 33009 Delete BRETT E	ent ot receive the prior notice. ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS		

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:	DR. MARK SCHWARTZ,DO	PRES	07/16/2008
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