


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90038 013 ***150.00


DOCUMENT # P04000069995		
1. Entity Name MARK J. TENHOLDER, M.D., P.A.		

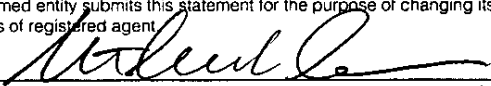
Principal Place of Business % WILLIAM SCOTT FOSTER 909 MART WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547	Mailing Address % WILLIAM SCOTT FOSTER 909 MART WALT DRIVE, SUITE 1014 FORT WALTON BEACH, FL 32547
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2. Principal Place of Business 928-D Mar Walt Dr.	3. Mailing Address 928-D Mar Walt Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Ft. Walton Beach, FL	City & State Ft. Walton Beach, FL
Zip 32547	Zip 32547
Country Ocala	Country Ocala

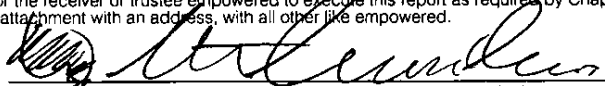
6. Name and Address of Current Registered Agent TENHOLDER, MARK J MD, PA 928 D MAR WALT DRIVE FORT WALTON BEACH, FL 32547	
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02062006 Chg-P	CR2E034 (11/05)
4. FEI Number 20-0966078	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.	MARK J. TENHOLDER (NOTE: Registered Agent signature required when reinstating)
	2/9/06 DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TENHOLDER, MARK J 928-D NMAR WALT DRIVE FT WALTON BEACH, FL 32547 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/9/06 Date (850) 863-2153 Daytime Phone #