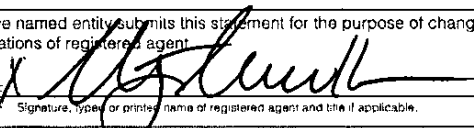
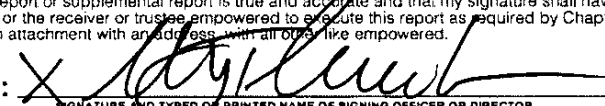


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2008 8:00 am**  
**Secretary of State**

03-20-2008 90037 049 \*\*\*150.00

<b>DOCUMENT # P04000069995</b> 1. Entity Name <b>MARK J. TENHOLDER, M.D., P.A.</b>					
Principal Place of Business <b>928-D MAR WALT DR.</b> <b>FORT WALTON BEACH, FL 32547</b>			Mailing Address <b>928-D MAR WALT DR.</b> <b>FORT WALTON BEACH, FL 32547</b>		
2. Principal Place of Business - No P.O. Box # <b>1034 Mar Walt Dr.</b>		3. Mailing Address Suite, Apt. #, etc. <b>Ste 310</b>			
City & State 		City & State 		4. FEI Number <b>20-0966078</b>	
Zip 		Country 		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>TENHOLDER, MARK J MD, PA</b> <b>928-D MAR WALT DRIVE</b> <b>FORT WALTON BEACH, FL 32547</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1034 Mar Walt Dr</b> <b>Ste 310</b> <b>Ft Walton Bch</b> <b>FL</b> <b>32547</b>	
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:  DATE: <b>3/3/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
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"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: 				Date: <b>3/3/08</b> Daytime Phone #: <b>850 8632153</b>	

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