

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000020271

**FILED**  
**Feb 01, 2012**  
**Secretary of State**

**Entity Name:** MARK E. AUGSPURGER, M.D., P.A.

**Current Principal Place of Business:**

1235 SAN MARCO BLVD.  
SUITE # 1000  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

3991 CHICORA WOOD PL  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 20-2334952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STONEBURNER, GRESHAM R  
841 PRUDENTIAL DRIVE  
SUITE 1400  
JACKSONVILLE, FL 32207 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

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** AUGSPURGER, MARK E MD  
**Address:** 14546 ST AUGUSTINE RD., STE#105  
**City-St-Zip:** JACKSONVILLE, FL 32258

I hereby 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 all other like empowered.

**SIGNATURE:** MARK E. AUGSPURGER, MD

PRES

02/01/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date