

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000023872

FILED  
Feb 21, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5741 BEE RIDGE ROAD  
SUITE 500  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5741 BEE RIDGE ROAD  
SUITE 500  
SARASOTA, FL 34233

**New Mailing Address:**

FEI Number: 20-2343146

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUPO, MARK A. M.D.  
5741 BEE RIDGE ROAD  
SUITE 500  
SARASOTA, FL 34233 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MGR  
Name: LUPO, MARK A M.D.  
Address: 5741 BEE RIDGE RD., STE. 500  
City-St-Zip: SARASOTA, FL 34233

Title: MGR  
Name: LUPO, ANN L  
Address: 1477 LANDINGS CIRCLE  
City-St-Zip: SARASOTA, FL 34233

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 A LUPO, MD

MGR

02/21/2010

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

\_\_\_\_\_ Date