

FILED
Apr 09, 2008 08:00 A
Secretary of State

1. Entity Name
MARK G. AGRESTI, M.D., P.A.



Mailing Address
2151 45TH ST.
STE 207
WEST PALM BCH., FL 33407 US



4. FEI Number 65-0383805	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution Added to Fees

000000837435
04/21/08-80020-007 150.00

TITLE	P
NAME	AGRESTI, MARK G. MD
STREET ADDRESS	2151 45TH ST STE 207
CITY - ST - ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

Date _____

Daytime Phone #