

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000031471 (4)

1. Corporation Name
MARK A. ASHBY, M.D., INC.



Principal Place of Business 10002 PRINCESS PALM AVENUE 336 TAMPA FL 33619 US	Mailing Address 10002 PRINCESS PALM AVENUE 336 TAMPA FL 33619 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3009 Hwy 92 W Suite, Apt. #, etc. 22 01 City & State 23 WINTER HAVEN, FLA Zip 24 33881	2a. Mailing Address 26 3009 Hwy 92 W Suite, Apt. #, etc. 27 01 City & State 28 WINTER HAVEN, FLA Zip 29 33881	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 04/28/1993	4. FEI Number 59-3184106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

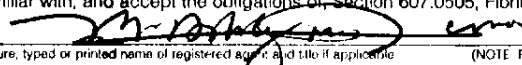
9. Name and Address of Current Registered Agent

**ASHBY, MARK A
 10002 PRINCESS PALM AVENUE
 STE 336
 TAMPA FL 33619**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  DATE **1/22/98**

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

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	ASHBY, MARK A	
STREET ADDRESS	9160 HIGHLAND RIDGE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DTS	<input checked="" type="checkbox"/> DELETE
NAME	ASHBY, PATRICIA T	
STREET ADDRESS	9160 HIGHLAND RIDGE WAY	
CITY-ST-ZIP	TAMPA FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	ASHBY, MARK A.	
STREET ADDRESS	25 CASADENA CT	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DP
1.3 STREET ADDRESS	ASHBY, MARK A.
1.4 CITY-ST-ZIP	25 CASADENA CT
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WINTER HAVEN, FLA 33881
2.3 STREET ADDRESS	DTS
2.4 CITY-ST-ZIP	SUSAN OAVIN
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	25 CASADENA CT
3.3 STREET ADDRESS	WINTER HAVEN, FLA 33881
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  DATE **1/22/98**

CR2E034 (10/97)