

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

DOCUMENT # P93000031471 (4)

1. Corporation Name

MARK A. ASHBY, M.D., INC.



Principal Place of Business

Mailing Address

10002 PRINCESS PALM AVENUE  
336  
TAMPA FL 33619  
US

10002 PRINCESS PALM AVENUE  
336  
TAMPA FL 33619  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1993

4. FEI Number

59-3184106

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 3009 Hwy 92 W

Suite, Apt. #, etc.

22 01

City & State

23 WINTER HAVEN, FLA

Zip

24 33881

Country

25 USA

2a. Mailing Address

26 3009 Hwy 92 W

Suite, Apt. #, etc.

27 01

City & State

28 WINTER HAVEN, FLA

Zip

29 33881

Country

30 USA

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

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME ASHBY, MARK A  
STREET ADDRESS 9180 HIGHLAND RIDGE WAY  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE DTS  
NAME ASHBY, PATRICIA T  
STREET ADDRESS 9180 HIGHLAND RIDGE WAY  
CITY-ST-ZIP TAMPA FL

☒ DELETE

TITLE DP  
NAME ASHBY, MARK A.  
STREET ADDRESS 25 CASADENA CT  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME ASHBY, MARK A.  
1.3 STREET ADDRESS 25 CASADENA CT  
1.4 CITY-ST-ZIP WINTER HAVEN, FLA 33881

☒ Change

☐ Addition

2.1 TITLE DTS  
2.2 NAME SUSAN OAVIN  
2.3 STREET ADDRESS 25 CASADENA CT  
2.4 CITY-ST-ZIP WINTER HAVEN, FLA 33881

☐ Change

☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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

CR2E034 (10/97)