

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 21 1997 8:00am  
Secretary of State

DOCUMENT # P93000073614 (8)

1. Corporation Name

MARK A. HIGHSMITH, PH.D., P.A.



Principal Place of Business

Mailing Address

100 MADRID BOULEVARD  
SUITE 311  
PUNTA GORDA FL 33950  
US

100 MADRID BOULEVARD  
SUITE 311  
PUNTA GORDA FL 33950-7868  
US

3. Date Incorporated or Qualified  
10/25/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

4. FEI Number  
65-0471062

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HIGHSMITH, MARK A  
42450-EQUESTRIAN CIR #509  
FT MYERS FL 33907

81 Name

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

100 MADRID BLVD, SUITE 311

83

84

PUNTA GORDA

FL

85 Zip Code  
33950

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

MARK A. HIGHSMITH, PH.D., P.A.

(NOTE: Registered Agent signature required when reinstating)

3-17-97  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HIGHSMITH, MARK A  
42450-EQUESTRIAN CIR #509  
FT MYERS FL 33907

1.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HIGHSMITH, MARK A  
100 MADRID BLVD, STE 311  
PUNTA GORDA - FL - 33950

2.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

14. I do 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: Mark A. Highsmith, Ph.D., P.A. MARK A. HIGHSMITH, PH.D., P.A. 3-17-97 84575-7375  
SIGNATURE AND TYPE (OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

CR2E034 (9/96)