2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P95000048548

1. Entity Name DR. MARK SINGER, P.A.



Principal Place of Business

1890 SW HEALTH PARKWAY

SUITE 104 NAPLES, FL 34109 US Mailing Address

1890 SW HEALTH PARKWAY SUITE 104

NAPLES, FL 34109 US

FILED Feb 23, 2004 08:00 AM Secretary of State



02172004

No Chg-P

CR2E034 (10/03)

4. FEI Number 65-0591317 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

SINGER, MARK A 1890 SW HEALTH PARKWAY SUITE 104

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NAPLES, FL 34109		IN THIS SPACE		
The above named entity submits this statement for the the obligations of registered agent.	purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and tide if applicable (NOTE, Registered Agent signature required when reinstalling)			: DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECT ITILE D SINGER, MARK A STREET ADDRESS 1890 SW HEALTH PARKWAY, SUITE NAPLES, FL 34109			_	UNNONNO62855 N2/23/04-80138-004 150.00
TITLE MAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CHY-ST-ZIP	,,,,,		DO	NOT WRITE
TITLE NAME, STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby certify that the information supplied with this findicated on this report or supplemental report is/true of the corporation or the receiver or trustee employers changed, or on an attachment with an address, with all the corporation of the receiver or trustee.	iling does not qualify for the exe and accurate and that my signa do execute his report as requi lyother to empowered.	mption state ture shall havined by Chap	d in Section 119.07(3) ve the same legal effer ter 607, Florida Statute	(i), Florida Statutes. I further certify that the Information ct as if made under oath; that I am an officer or director es, and that my name appears in Block 10 or Block 11 if