

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90051 024 ***150.00

DOCUMENT # P95000097656

1. Entity Name
MARK HETHERINGTON, O.D., P.A.



Principal Place of Business
**955 54TH AVE NORTH
SAINT PETERSBURG, FL 33703**

Mailing Address
**19 HARBOR LAKE CR
SAFETY HARBOR, FL 34695**



2. Principal Place of Business

3. Mailing Address

1437 Carlos Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04092004 Chg-P CR2E034 (10/03)

City & State

City & State

Clearwater, FL

4. FEI Number

59-3355964

Applied For

Not Applicable

Zip

Country

Zip

33755

Country

USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HETHERINGTON, MARK
19 HARBOR LAKE CR
SAFETY HARBOR, FL 34695**

Name

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

1437 Carlos Avenue

City

Clearwater

FL

Zip Code

33755

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **HETHERINGTON, MARK**
STREET ADDRESS **19 HARBOR LAKE CR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **D** ☒ Change ☐ Addition
NAME **Hetherington, Mark**
STREET ADDRESS **1437 Carlos Avenue**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **P** ☐ Delete
NAME **HETHERINGTON, MARK**
STREET ADDRESS **19 HARBOR LAKE CR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **P** ☒ Change ☐ Addition
NAME **Hetherington, Mark**
STREET ADDRESS **1437 Carlos Avenue**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **V** ☐ Delete
NAME **HETHERINGTON, MARK**
STREET ADDRESS **19 HARBOR LAKE CR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **V** ☒ Change ☐ Addition
NAME **Hetherington, Mark**
STREET ADDRESS **1437 Carlos Avenue**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **T** ☐ Delete
NAME **HEHERINGTON, MARK**
STREET ADDRESS **19 HARBOR LAKE CR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **T** ☒ Change ☐ Addition
NAME **Hetherington, Mark**
STREET ADDRESS **1437 Carlos Avenue**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE **S** ☐ Delete
NAME **HETHERINGTON, MARK**
STREET ADDRESS **19N HARBOR LAKE CR**
CITY-ST-ZIP **SAFETY HARBOR, FL 34695**

TITLE **S** ☒ Change ☐ Addition
NAME **Hetherington, Mark**
STREET ADDRESS **1437 Carlos Avenue**
CITY-ST-ZIP **Clearwater, FL 33755**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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: **Mark Hetherington, O.D. Mark Hetherington, O.D.** 04-14-04 727-522-3776
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #