

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000010810

FILED
Jul 02, 2004
Secretary of State

Entity Name: MARK S. LEMEL, M.D., P.A.

Current Principal Place of Business:

2549 PARK ST
JACKSONVILLE, FL 32210

New Principal Place of Business:

2549 PARK ST
JACKSONVILLE, FL 32204 US

Current Mailing Address:

4145 LAKESIDE DR
JACKSONVILLE, FL 32210

New Mailing Address:

P.O. BOX 829
BREVARD, NC 28712 US

FEI Number: 59-3368250

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEMEL, PAGE IVES
4145 LAKESIDE DR.
JACKSONVILLE, FL 32210 US

Name and Address of New Registered Agent:

SIMMONS, SIDNEY S ESQ.
841 PRUDENTIAL DRIVE, SUITE 140
JACKSONVILLE, FL 32207 US

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.

SIGNATURE: SIDNEY S. SIMMONS

07/02/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEMEL, MARK S
Address: 2549 PARK STREET
City-St-Zip: JACKSONVILLE, FL 32204

Title: S () Delete
Name: LEMEL, PAGE IVES
Address: 4145 LAKESIDE DR
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LEMEL, MARK S
Address: P.O. BOX 829
City-St-Zip: BREVARD, NC 28712

Title: S (X) Change () Addition
Name: LEMEL, PAGE IVES
Address: P.O. BOX 829
City-St-Zip: BREVARD, NC 28712

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAGE IVES LEMEL

SECR

07/02/2004

Electronic Signature of Signing Officer or Director

Date