

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

**FILED**

**May 06 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #**  
1. Corporate Name  
**Pa600060439**  
**Mark A. Clarke, M.D., P.A.**

Principal Place of Business	Mailing Address
<b>7556 Lake Worth Road, Suite 105 Lake Worth, FL 33467</b>	<b>7556 Lake Worth Road, Suite 105 Lake Worth, FL 33467</b>

3. Date Incorporated or Qualified <b>7/18/96</b>	3a. Date of Last Report <b>1996</b>
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2. Principal Place of Business 21 <b>7556 Lake Worth Road</b>	2a. Mailing Address 26 <b>7556 Lake Worth Road</b>	4. FEI Number <b>#65-0683038</b>	Applied For Not Applicable
22 <b>Suite 105</b>	27 <b>Suite 105</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>Lake Worth, Florida</b>	28 <b>Lake Worth, Florida</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33467</b>	25 <b>USA</b>	29 <b>33467</b>	30 <b>USA</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>Hilda M. Porro, Esquire</b> <b>12769 Forest Hill Boulevard, Suite #E</b> <b>Wellington, Florida 33414</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 officer 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mark A. Clarke, M.D.</b>	1.2 NAME	
STREET ADDRESS	<b>7556 Lake Worth Road, Suite 105</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Lake Worth, Florida 33467</b>	1.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

*Handwritten signature and date: 4/15/97*

**500002179595**  
**-05/15/97--01028--034**  
**\*\*\*165.00**

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 unchanged, or on an attachment with an address.

SIGNATURE: Mark A. Clarke **MARK A. CLARKE, M.D.** **4/29/97** **(561) 968-1050**

CR2E034 (9/96)