

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 05, 2000 8:00 am**
Secretary of State

05-05-2000 90056 002 ***150.00

DOCUMENT # P97000097602

1. Entity Name

MARK W. DERSCH, M.D., P.A.

Principal Place of Business

**924 S HWY 27 441
LADY LAKE FL 32759
US**

Mailing Address

**1455 SE 44TH AVE
OCALA FL 34471-3501**

2. Principal Place of Business

3. Mailing Address

5508 SE 8TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA FL

Zip

Country

34471

Country

USA

4. FEI Number

59-3477305

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DERSCH, MARK W M.D.
1455 SE 44TH AVE
OCALA FL 34471**

7. Name and Address of New Registered Agent

Name

DERSCH, MARK W M.D.

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

5508 SE 8TH ST

City

OCALA**FL**

Zip Code

34471

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.

SIGNATURE

**MARK DERSCH, M.D. PRESIDENT/DIRECTOR****4-24-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	D	DERSCH, MARK W M.D.	1455 SE 44TH AVE OCALA FL 34471	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	P	DERSCH, MARK W M.D.	5508 SE 8TH ST OCALA FL 34471	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK DERSCH MD**4-24-00**

Date

Daytime Phone #

(352) 351 8674

CR2E034 (9/99)