

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000101465

Entity Name: MARK D. BARTH, P.A.

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5798 S. SEMORAN BLVD.  
#109  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 590182  
ORLANDO, FL 32859 US

**New Mailing Address:**

FEI Number: 59-3479519

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BARTH, MARK D  
5798 S. SEMORAN BLVD.  
109  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: BARTH, MARK D ESQ  
Address: 5798 S. SEMORAN BLVD, #109  
City-St-Zip: ORLANDO, FL 32822

Title: SVD  
Name: BARTH, MARK D ESQ  
Address: 5798 S. SEMORAN BLVD, #109  
City-St-Zip: ORLANDO, FL 32822

I hereby 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 all other like empowered.

SIGNATURE: MARK D. BARTH

PD

01/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date