2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000081257

Entity Name: MARK D. OLIVER, M.D., P.A.

FILED Mar 03, 2004 Secretary of State

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Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
1901 SE 18 BLDG 101 OCALA, FL					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1901 SE 18 BLDG 101 OCALA, FL					
FEI Number:	59-3534435	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
FUTCH, R. 610 SE 17T OCALA, FL	TH ST.	JS			
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:					
	Electro	onic Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name:	D (OLIVER, MAF) Delete K D	Title: (Name:	() Change () Addition	

Address: 1901 SE 18TH AVE, BLDG 101 Address: City-St-Zip: OCALA, FL 34471 City-St-Zip:

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: MARK D.OLIVER M.D. P/D 03/03/2004