



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90239 002 ***150.00

DOCUMENT # P99000011438 1. Entity Name MARK P. HOWELL, D.O., P.A.					
Principal Place of Business 5651 49TH STREET NORTH ST. PETERSBURG, FL 33709			Mailing Address 5651 49TH STREET NORTH ST. PETERSBURG, FL 33709		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		14011249 	
City & State		City & State		04262004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 59-3554757	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent DUKE AND MULLINI AND GALLOWAY I PA N 1706 EAST LAS OAKS BLVD PENTHOUSE 1 FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name DUKE MULLIN & GALLOWAY, P.A. Street Address (P.O. Box Number is Not Acceptable) 1700 East Las Olas Boulevard Penthouse I City Ft Lauderdale FL Zip Code 33301		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>[Signature]</i> 4-26-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating), DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing, Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, MARK T DO PA 5651 49TH STREET NORTH ST. PETERSBURG, FL 33709 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>[Signature]</i> MARK HOWELL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-26-04 954-761-7200 <small>Date Daytime Phone</small>		