

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Aug 22, 2008 08:00 AM
Secretary of State



08202008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3554757

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HOWELL, MYRON
1040 SEMINOLE DRIVE APT. 1561
FORT LAUDERDALE, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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

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

Myron Howell

(NOTE: Registered Agent signature required when reinstating)

8/12/08

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000958194
08/22/08-80001-015 550.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
HOWELL, MARK T DO PA
5651 49TH STREET NORTH
ST. PETERSBURG, FL 33709

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/12/08

727 520 0615