

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 20, 2002 8:00 am**  
**Secretary of State**

02-20-2002 90125 026 \*\*\*150.00

**DOCUMENT # P99000063617**

Entity Name  
**MARK ANTHONY SMITH, M.D., P.A.**

Principal Place of Business  
**737 KERNAN MILL LANE E  
 JACKSONVILLE FL 32224**

Mailing Address  
**4737 KERNAN MILL LANE E  
 JACKSONVILLE FL 32224**



DO NOT WRITE IN THIS SPACE

1. Principal Place of Business  
**4527 Swilcan Bridge Lane N.**  
 Suite, Apt. #, etc.

3. Mailing Address  
**4527 Swilcan Bridge Lane N.**  
 Suite, Apt. #, etc.

City & State  
**Jacksonville FL**

City & State  
**Jacksonville FL**

4. FEI Number **59-3583785**

Applied For  
 Not Applicable

Zip  
**32224**

Country

Zip  
**32224**

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**YONG, FRANK J  
 1050 RIVERSIDE  
 JACKSONVILLE FL 32201**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

8. 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, 2002 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

**1. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, MARK A MD 4737 KERNAN MILL LANE E JACKSONVILLE FL 32224-8468	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OSSI-SMITH, DONNA 4737 KERNAN MILLS LANE E JACKSONVILLE FL 32224-8468	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Smith, Mark A MD 4527 Swilcan Bridge Lane N. Jacksonville FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OSSI-SMITH DONNA 4527 Swilcan Bridge Lane N. Jacksonville FL 32224	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

9. 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: Mark Anthony Smith  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/5/02  
 Date

904 6415555  
 Daytime Phone #

CR2E034 (9/01)