**FILED**
**Jul 12, 2004 8:00 am**
**Secretary of State**
07-12-2004 90021 036 ***150.00

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000063617

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

54061414

| Principal Place of Business | Mailing Address |
|---|---|
| 4527 SWILCAN BRIDGE LN<br>JACKSONVILLE, FL 32224 | 4527 SWILCAN BRIDGE LN<br>JACKSONVILLE, FL 32224 |

07062004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3583785
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

YONG, FRANK J
1050 RIVERSIDE
JACKSONVILLE, FL 32201

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

**FILE NOW!!! FEE IS $150.00**
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | SMITH, MARK A MD |
| STREET ADDRESS | 4527 SWILCAN BRIDGE LANE LN |
| CITY-ST-ZIP | JACKSONVILLE, FL 322248468 |
| TITLE | ST |
| NAME | OSSI-SMITH, DONNA |
| STREET ADDRESS | 4527 SWILCAN BRIDGE LANE N. |
| CITY-ST-ZIP | JACKSONVILLE, FL 322248468 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

**DO NOT WRITE IN THIS SPACE**

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:** Mark Smith M.D. P.A. 7/6/04 904-998-3903
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

To the Division of Corporations, 54061414
#P99000063617

Please accept $43 150.00 renewal fee for the corporation. I never received any kind of notice or card in the mail notifying me that payment was due. In addition, My accountant who is responsible for all of my business filing never notified me. I apologize for the late payment. Thank you very much.

Mark Smith
(904-998-3903)