2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000063617

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

JACKSONVILLE, FL 322248468

City-St-Zip:

FILED Jul 08, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	_CAN BRIDGE IVILLE, FL 32				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	_CAN BRIDGE IVILLE, FL 32				
FEI Number	: 59-3586785	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address o	Name and Address of New Registered Agent:	
The above	RSIDE IVILLE, FL 32		purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI					
Election Ca	ce with s. 607.1	nic Signature of Registered Ag 93(2)(b), F.S., the corporation did n g Trust Fund Contribution (). CTORS:	ot receive the prior notice.	Date ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	SMITH, MARK 4527 SWILCA) Delete A MD N BRIDGE LANE LN .E, FL 322248468	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	OSSI-SMITH, I) Delete DONNA N BRIDGE I ANE N	Title: Name: Address:	() Change () Addition	

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 A SMITH MD 07/08/2005