

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000066150

Entity Name: C. BILISTON CLARKE, M.D., P.A.

FILED
Apr 29, 2011
Secretary of State

Current Principal Place of Business:

9734 CYPRESS SHADOW AVE.
TAMPA, FL 336471811 US

New Principal Place of Business:

Current Mailing Address:

9734 CYPRESS SHADOW AVE.
TAMPA, FL 336471811 US

New Mailing Address:

FEI Number: 59-3587261

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARKE, C. BILISTON
9734 CYPRESS SHADOW AVE.
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: CLARKE, C. BILISTON
Address: 9734 CYPRESS SHADOW AVE.
City-St-Zip: TAMPA, FL 33647

Title: VPD
Name: CLARKE, ALTAMAH P
Address: 9734 CYPRESS SHADOW AVE
City-St-Zip: TAMPA, FL 33647 US

I hereby 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 all other like empowered.

SIGNATURE: C BILISTON CLARKE, MD

PD

04/29/2011

Electronic Signature of Signing Officer or Director

Date