

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2004 08:00 AM
Secretary of State

DOCUMENT # S53660

1. Entity Name
MARK O. ASPERILLA, M.D., P.A.



Principal Place of Business
**3300 TAMiami TRAIL
SUITE 102A
PORT CHARLOTTE, FL 33952**

Mailing Address
**3300 TAMiami TRAIL
SUITE 102A
PORT CHARLOTTE, FL 33952**



07282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0266304

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ASPERILLA, MARK O. MD
3300 TAMiami TRAIL
SUITE 102A
PORT CHARLOTTE, FL 33952**

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.

(NOTE: Registered Agent signature required when reissuing)

DATE

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ASPERILLA, MARK O MD
3300 TAMiami TRAIL, SUITE 102A
PORT CHARLOTTE, FL 33952**

TITLE
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CITY-ST-ZIP

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U00000168987
08/02/04-80005-018 150.00

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 O. ASPERILLA

July 28/04

941-624-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #