

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 09, 2006 8:00 am
Secretary of State

06-09-2006 90001 003 ***150.00

DOCUMENT # S55164

1. Entity Name
MARK A. HORTON, M.D., P.A.



Principal Place of Business
**820 PRUDENTIAL DRIVE
SUITE 713
JACKSONVILLE, FL 32207**

Mailing Address
**820 PRUDENTIAL DRIVE
SUITE 713
JACKSONVILLE, FL 32207**

DO NOT WRITE IN THIS SPACE

02232006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3076779

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**HORTON, MARK A., M.D.
820 PRUDENTIAL DRIVE
SUITE 713
JACKSONVILLE, FL 32207**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PTS.
NAME	HORTON, MARK A.
STREET ADDRESS	820 PRUDENTIAL DR, #713
CITY-ST-ZIP	JACKSONVILLE, FL 32207
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/9/06

904-396-5682

ATTACHMENT

50021198
#855164

MARK A. HORTON M.D.

6/4/06

Divisions of Corporations :

Dear Sirs :

In Fifteen years I have never missed a filing for annual corporation report. I never received notification from your office by mail as I have in the past & I have had to contact your office for report form.

Enclosed is completed form. Please don't penalize.

Sincerely,

Mark A. Horton

59-3076779