


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90043 026 ***150.00

DOCUMENT # V16698
 1. Entity Name
THE NEVILLE MARKS, M.D. CORPORATION



Principal Place of Business
~~223 SUNSET AVE~~
~~STE - 230~~
 PALM BEACH, FL 33480 US

Mailing Address
~~223 SUNSET AVE~~
~~STE - 230~~
 PALM BEACH, FL 33480 US

40093725



2. Principal Place of Business
125 Worth Ave
 Suite, Apt. #, etc.
Suite 302
 City & State
Palm Beach FL

3. Mailing Address
125 Worth Ave.
 Suite, Apt. #, etc.
Suite 302
 City & State
Palm Beach FL

05162006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0400794

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

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
MARKS MD, NEVILLE S
~~223 SUNSET AVE~~
~~STE - 230~~
 PALM BEACH, FL 33480

7. Name and Address of New Registered Agent
 Name
Neville S. Marks, M.D.
 Street Address (P.O. Box Number is Not Acceptable)
125 Worth Avenue
Suite 302
 City
Palm Beach FL Zip Code
33480

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
Due by September 6, 2006

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 MARKS, NEVILLE M D 223 SUNSET AVE / STE - 230 PALM BEACH, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Neville S Marks MD 125 Worth Ave Suite 302 Palm Beach FL 33480	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: N. Marks Date: 5-16-06 Daytime Phone #: 561 655 3666