2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 08:00 AM
Secretary of State

DOCUMENT # V41046

1. Entity Name
MARK L. GROBELNY, M.D., P.A.

Principal Place of Business	Mailing Address
5395 RIVERVIEW DR. SAINT AUGUSTINE, FL 32080	5395 RIVERVIEW DR. SAINT AUGUSTINE, FL 32080

DO NOT WRITE IN THIS SPACE

02142004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3127377
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GROBELNY, MARK L.
5395 RIVERVIEW DR.
ST. AUGUSTINE, FL 32084

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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 _____ DATE
Signature of new registered agent and the date of this filing (NOTE: Registered Agent's signature required when changing agent)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

U00000082338
03/09/04-80026-002 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME AND ADDRESS	P GROBELNY, MARK L 5395 RIVERVIEW DR. ST AUGUSTINE, FL
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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 L Grobelny MARK L. GROBELNY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date