## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 10, 2006 8:00 am Secretary of State

Pincipal Place of Buarness  3800 TAMPAR D.  PALM HARBOR FI. 34684 US  Suits. Apr. 4, vio.  Suits. A	DOCUMENT # V47254  1. Entity Name MARK D. TORKE, M.D., P.A.								03-10-2006	90003 (	11 ***15	50.00	
Suite Apt. 4, etc. Suite 202  City & State	3890 TAMPA	US						<b> (0)</b>					
Suite 202  City & State  City	2. Principal P	Place of Busin	ness	3. Mailing Address									
City & State    City & State								02202006	Chg-P	CR2E0	34 (11/05)		
E. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  8. The above named only submis that statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  8. The above named only submis that statement for the purpose of changing its registered office or registered agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  8. Strong Address (P.O. Box Number is Not Acceptable)  9. Election Campaign Financing  Forman Low of registered agent.  8. Strong Address (P.O. Box Number is Not Acceptable)  9. Election Campaign Financing  10. Strong Low of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  9. Election Campaign Financing  10. Strong Low of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  9. Election Campaign Financing  10. Strong Low of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the obligations of registered agent.  9. Election Campaign Financing  10. Strong Low of Rorida agent, or both, in the State of Rorida. I am familiar with, and accept the Rorida agent, or both in the Indiana.  10. Strong Low of Rorida agent, or both, in the State of Rorida.  10. Strong Low of Rorida agent, or both, in the Indiana.  10. Strong Low of Rorida agent, or both, in the Indiana.  10. Strong Low of Rorida agent, or both, in the Indiana.  10. Strong Low of Rorida agent, or both, in the Indiana.  10. Strong Low of Rorida agent, or both, in the Indiana.  10. Strong Low of Rorida agent, or both, in			***							<del></del>	<u> </u>		
TORKE_MARK M.D.  Street Address of New Registered Agent  Torke_MARK M.D.  Street Address (P.O. Box Number is Not Acceptable)  Street Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  Street A	Zip		Country	Zip	Zip Country						\$8.75 Additional		
STORMATURE:  Stroke Address (P.O. Box Number is Not Acceptable) 3 8 90 TAMMA RD.  SULTE 202  PALM HARBOR FL 20 Code 3 4 0 TAMMA RD.  SULTE 202  PALM HARBOR FL 20 Code 3 4 0 TAMMA RD.  SULTE 202  PALM HARBOR FL 20 Code 3 4 0 TAMMA RD.  SULTE 202  PALM HARBOR FL 20 Code 3 4 0 TAMMA RD.  STORMATURE  STORMATURE  STORMATURE  STORMATURE  STORMATURE  STORMATURE  STORMATURE  STORMATINE  STORMATURE  STORMATINE  STORMATI		6. Name	and Address of Curren	l t Registered Agent				7. Name and	d Address of New R			· · · · · · · · · · · · · · · · · · ·	
SUNTE 202    Sulte 202   Sulte													
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 Rovida. I am familian with, and accept the obligations of registered agent.  SIGNATURE    SUBMIA: Need or privat name of registered agent and time of applicable.							Street Address (P.O. Box Number is Not Acceptable)  3890 TAMPA RD.						
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Rocide. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STATURE							Suite 202						
8. The above named entity submits his statement for the purpose of changing its registered agent, or both, in the State of Rocide. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    STATURE										FL	Zip Code	84	
TILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  19. OFFICERS AND DIRECTORS  19. Election Campaign Financing	<ol><li>The above the obligat</li></ol>	named entit tions of regis	y submits this statement f tered agent.	or the purpose of ch	anging its regi	istered office or	register	ed agent, or bo	oth, in the State of Flo	orida. I am i	amiliar with,	and accept	
### FILE NOW!!! FEE IS \$150.00 ### S550.00 ### S650.00													
10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE  MAKE  STREET ADDRESS  CITY-S1-2P  TIL													
TITLE MAME TORKE, MARK D 3251 MCMULLEN BOOTH RD., #102 CIFY-ST-2P	After Ma	ay 1, 200	6 Fee will be \$550	.00 Trust F	und Contribut	tion.	Add	ed to Fees					
TORKE, MARK D 3251 MCMULLEN BOOTH RD., #102 SITERI ADDRESS CLEARWATER, FL 33761  TILE NAME SITERI ADDRESS CITY-S1-2P  TILE		T B	OFFICERS AND					ADDITIONS	/CHANGES TO OFF	ICERS AND			
ITILE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS SIREET ADDRESS CITY-ST-ZIP  TITLE NAME SIREET ADDRESS CITY-ST-ZIP SIRET ADDRESS CITY-ST-ZIP CHAMBEL SIREET ADDRESS CITY-ST-ZIP SIRET		- Delete Inter								-	<b>≿4.</b> Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR		· ·					389 PAL	O TAM	PA RD., #	346	84		
STREET ADDRESS CITY-S1-2IP  TITLE NAME STREET ADDRESS CITY-S1-2IP  COTANGE STREET ADDRESS CITY-S1-2IP  COTANGE STREET ADDRESS CITY-S1-2IP  COTANGE STREET ADDRESS CITY-S1-2IP  COTANGE STREET ADDRESS CITY-S1-2IP  CO		1.77										☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP CITUE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREE		f											
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRES													
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE											∐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS STREET ADDRES													
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  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:		<del></del>			elete						☐ Change	☐ Addition	
CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:													
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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 if 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:													
STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:		ļ			elete						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP  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:	STREET ADDRESS					STREET ADDRESS							
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling 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:				<u>Г</u>	-1-4-						[] Charac	- 1440°	
CITY-ST-ZIP  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:	NAME			LJ V	eiete	NAME					□ mange		
12. I hereby certify that the information supplied with this filling 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:					1							ļ	
changed, or on an attachment with an address, with all other like empowered.  SIGNATURE: 3/7/06	12. I hereby of indicated	on this repo	rt or supplemental report	is true and accurate	and that my si	e exemptions of ignature shall he	ave the s	same legal effer	ct as if made under d	oath: that I a	m an officer	or director	
SIGNATURE:	of the cor changed,	poration or the contract of th	ne receiver or trustee emp achment with an address,	oowered to execute t with all other like en	nis report as re powered.	equired by Cha	pter 607	, Florida Statuti	, ,		Block 10 or	Block 11 if	
	SIGNAT	SIGNATURE: 7											