


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 23, 2007 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # V47254 1. Entity Name MARK D. TORKE, M.D., P.A. |  |
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|--|--|
| Principal Place of Business 3890 TAMPA RD. SUITE 202 PALM HARBOR, FL 34684 US | Mailing Address 3890 TAMPA RD. SUITE 202 PALM HARBOR, FL 34684 US |
|--|--|



08132007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3130851 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

TORKE, MARK M.D.
3890 TAMPA ROAD
SUITE 202
PALM HARBOR, FL 34684

**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)

8/19/07
DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

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 | P TORKE, MARK D 3890 TAMPA RD., SUITE 202 PALM HARBOR, FL 34684 |
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08/23/07-80001-023 150.00

**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

MARK TORKE

8/19/07
Date

(727) 787-5577
Daytime Phone #