

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V61037

FILED
Apr 20, 2009
Secretary of State

Entity Name: MARK J. POWERS, M.D., P.A.

Current Principal Place of Business:

9077 S. FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

9077 S. FEDERAL HIGHWAY
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0354481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COEL, MARK A ESQ
ONE LINCOLN PLACE
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 334310000 US

Name and Address of New Registered Agent:

TWOHEY, CHRISTOPHER J ESQ
844 E OCEAN BLVD
STE A
STUART, FL 34994 US

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.

SIGNATURE: CHRISTOPHER J. TWOHEY, ESQ.

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, MARK J
Address: 70 S. SEWALLS PT. RD.
City-St-Zip: STUART, FL 34996

Title: V () Delete
Name: MOORE, DON
Address: 5 OAK HILL WAY
City-St-Zip: STUART, FL 34996

Title: S () Delete
Name: FELDMAN, BRETT L
Address: 5427 SW ANHINGA AVENUE
City-St-Zip: PALM CITY, FL 34990

Title: T () Delete
Name: FORSTER, ROBERT
Address: 202 SW PALM COVE DR
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK J. POWERS, MD

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date