

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000010810

**Entity Name:** MARK S. LEMEL, M.D.. P.A.

**Current Principal Place of Business:**

841 PRUDENTIAL DRIVE, SUITE 140  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

101 KEYSTONE CAMP ROAD  
BREVARD, NC 28712 US

**FEI Number:** 59-3368250

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SIMMONS, SIDNEY SESQ.  
841 PRUDENTIAL DRIVE, SUITE 140  
JACKSONVILLE, FL 32207 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            D  
Name            LEMEL, MARK S  
Address        101 KEYSTONE CAMP ROAD  
City-State-Zip: BREVARD NC 28712

Title            S  
Name            LEMEL, PAGE I  
Address        101 KEYSTONE CAMP ROAD  
City-State-Zip: BREVARD NC 28712

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAGE IVES LEMEL

**SECRETARY**

**01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date