

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V47254

**Entity Name:** MARK D. TORKE, M.D., P.A.

**Current Principal Place of Business:**

3890 TAMPA RD.  
SUITE 202  
PALM HARBOR, FL 34684

**Current Mailing Address:**

3890 TAMPA RD.  
SUITE 202  
PALM HARBOR, FL 34684 US

**FEI Number:** 59-3130851

**Certificate of Status Desired:** No

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

TORKE, MARK M.D.  
3890 TAMPA ROAD  
SUITE 202  
PALM HARBOR, FL 34684 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 P  
Name TORKE, MARK D  
Address 3890 TAMPA RD., SUITE 202  
City-State-Zip: PALM HARBOR FL 34684

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:** SHELLEY WARD

**ADMINISTRATOR**

**02/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date