# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 22, 2007**
**Secretary of State**

DOCUMENT# 547915

**Entity Name:** THOMAS J. KUB, M.D., P.A.

**Current Principal Place of Business:**

2595 HARBOR BLVD
STE 101
PORT CHARLOTTE, FL 339526730

**New Principal Place of Business:**

310 SEVERIN ROAD
PORT CHARLOTTE, FL 339529740

**Current Mailing Address:**

2595 HARBOR BLVD
STE 101
PORT CHARLOTTE, FL 339526730

**New Mailing Address:**

310 SEVERIN ROAD
PORT CHARLOTTE, FL 339529740

**FEI Number: 59-1778363** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

KUB, THOMAS J MD
2595 HARBOR BLVD
SUITE 101
PORT CHARLOTTE, FL 339526730 US

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

KUB, THOMAS J MD
310 SEVERIN ROAD
PORT CHARLOTTE, FL 339529740 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: 01/22/2007
Electronic Signature of Registered Agent — Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete
Name: KUB, THOMAS J MD,
Address: 2595 HARBOR BLVD #101
City-St-Zip: PORT CHARLOTTE, FL 00000,

Title: P ( ) Delete
Name: KUB, THOMAS J MD,
Address: 2595 HARBOR BLVD #101
City-St-Zip: PORT CHARLOTTE, FL 00000,

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: THOMAS J KUB MD P 01/22/2007
Electronic Signature of Signing Officer or Director — Date