2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 8:00 am
Secretary of State
01-27-2006 90037 026 ***158.75

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1. Entity Name
CARILLON PRIMARY CARE & SPORTS MEDICINE, INC.

Principal Place of Business	Mailing Address
1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705

01062006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
900 CARILLON PARKWAY	900 CARILLON PKWY
Suite, Apt. #, etc. SUITE 406	Suite, Apt. #, etc. SUITE 406
City & State ST PETERSBURG FL 33716	City & State ST PETERSBURG FL
Zip / Country 33716 / US	Zip / Country 33716 / US

4. FEI Number 33-1022435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KENNEDY, JAMES J III,ESQ
401 EAST JACKSON STREET
SUITE 2500
TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name ADAM A. BRUNSON

Street Address (P.O. Box Number is Not Acceptable) 900 CARILLON PKWY SUITE 406

City ST PETERSBURG FL Zip Code 33716

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 _____ OWNER/PARTNER 1/23/6
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEAM, MARLYS 1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ADAM A. BRUNSON, MD 900 CARILLON PKWY SUITE 406 ST PETERSBURG, FL 33716	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SIZEMORE, PATRICIA 1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE-PRESIDENT CARLOS R. RODRIGUEZ, MD 900 CARILLON PKWY SUITE 406 ST PETERSBURG, FL 33716	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KYES, FORD 1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY ADAM A. BRUNSON MD 900 CARILLON PARKWAY SUITE 406 ST PETERSBURG, FL 33716	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TREMONTI, CARL SR. 1200 7TH AVENUE NORTH ST PETERSBURG, FL 33705	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER CARLOS R RODRIGUEZ MD 900 CARILLON PKWY SUITE 406 ST PETERSBURG, FL 33716	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: _____ ADAM A. BRUNSON, MD 1/23/6 (727) 561-4303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #