


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000060631</b>		
1. Entity Name <b>CLASSICAL MEDICINE OF ST. PETERSBURG, INC.</b>		
Principal Place of Business <b>1432 DR MLKING ST. N ST PETERSBURG, FL 33704 US</b>		Mailing Address <b>1432 DR MLKING ST. N ST PETERSBURG, FL 33704 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>KEANE, LAURA 1140 LOCUST ST. NE ST. PETERSBURG, FL 33701</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> <b>U000000767972</b> <b>07/10/07-80027-008 150.00</b> <small>DATE</small>
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KEANE, LAURA 1140 LOCUST ST. NE ST. PETERSBURG, FL	
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<b>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.</b>		
<b>SIGNATURE:</b> <i>Laura Keane</i> <b>Laura Keane</b> <b>7-6-07</b> <b>727-8217771</b>		<small>DATE Daytime Phone #</small>