

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 485266

FILED  
Feb 19, 2008  
Secretary of State

Entity Name: C. GILBERT TWEED M.D., P.A.

## Current Principal Place of Business:

1435 DUNN AVENUE  
DAYTONA BEACH, FL 32114

## New Principal Place of Business:

24921 BARTRAM ROAD  
ASTOR, FL 32102

## Current Mailing Address:

1435 DUNN AVENUE  
DAYTONA BEACH, FL 32114

## New Mailing Address:

P O BOX 840  
ASTOR, FL 32102

FEI Number: 59-1621286

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TWEED, C GILBERT  
1435 DUNN AVENUE  
DAYTONA BEACH, FL 32114 US

## Name and Address of New Registered Agent:

TWEED, C GILBERT  
24921 BARTRAM ROAD  
ASTOR, FL 32102 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:

02/19/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: TWEED, C GILBERT,  
Address: 1435 DUNN AVENUE  
City-St-Zip: DAYTONA BEACH, FL 32114 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: TWEED, C GILBERT,  
Address: 1211 OAK FOREST DRIVE  
City-St-Zip: ORMOND BEACH, FL 32174 US

I hereby certify that the information supplied with this filing does not qualify 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: C GILBERT TWEED, MD

PST

02/19/2008

Electronic Signature of Signing Officer or Director

Date