


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 501349**

1. Entity Name  
 RENEE HANEY, M.D., P.A.



Principal Place of Business 718 W. D. M.L. KING BLVD SUITE A TAMPA, FL 33603 US	Mailing Address 718 W. DR. ML KING BLVD SUITE A TAMPA, FL 33603 US
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**DO NOT WRITE IN THIS SPACE**

03232007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1659965	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

8. Name and Address of Current Registered Agent

HANEY, RENEE  
 718 W DR ML KING JR BLVD  
 SUITE A  
 TAMPA, FL 33603

**DO NOT WRITE IN THIS SPACE**

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MD HANEY, RENEE 718 W DR ML KING BLVD #A TAMPA, FL
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U00000758821  
 05/24/07-80017-018 550.00

**DO NOT WRITE IN THIS SPACE**

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: Renée Haney, MD **RENEE HANEY, MD** 05-03-07 813-224-0355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone \*