

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 605170

1. Entity Name
NANCY C. BRUEMMER, M.D., P.A.



Principal Place of Business
2713 W VIRGINIA AVE
TAMPA, FL 33607 US

Mailing Address
4214 SWANN AVE
TAMPA, FL 33609 US



04142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1526158

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRUEMMER, NANCY C
4212 SWANN AVE
TAMPA, FL 33609

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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 *Nancy C. Brummer, M.D., P.A.* *Nancy C. Brummer, MDPA* 4-20-08
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, 2008 Fee will be \$550.00

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

000000916253
05/12/08-80022-005 150.00

10. OFFICERS AND DIRECTORS

TITLE MD
NAME BRUEMMER, NANCY C
STREET ADDRESS 4214 SWANN AVE
CITY-ST-ZIP TAMPA, FL 33609

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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: *Nancy C. Brummer, MDPA*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-08 813-873-9700
Date Daytime Phone #

NANCY C. BRUEMMER, MDPA