

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 622204

FILED  
Jan 14, 2010  
Secretary of State

**Entity Name:** N.B. EDGERTON, JR., M.D., P.A.

**Current Principal Place of Business:**

2706 WEST M.L. KING BOULEVARD  
SUITE A  
TAMPA, FL 336076304 US

**New Principal Place of Business:**

**Current Mailing Address:**

2706 WEST M.L. KING BOULEVARD  
SUITE A  
TAMPA, FL 336076304 US

**New Mailing Address:**

4510 W BAY TO BAY BLVD  
TAMPA, FL 33629 US

FEI Number: 59-1909113

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EDGERTON, N.B., JR.  
2706 W M.L. KING BOULEVARD  
#A  
TAMPA, FL 336076304 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: EDGERTON, NORMAN B JR  
Address: 4510 W BAY TO BAY BLVD  
City-St-Zip: TAMPA, FL 33629 US

I hereby 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 all other like empowered.

SIGNATURE: N.B. EDGERTON, JR.

PRES

01/14/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date