2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# 654927

Entity Name: LUTZ H. SCHLICKE, M.D., P.A.

Current Principal Place of Business:

582 RIVERA DR
TAMPA, FL 33606

New Principal Place of Business:

Current Mailing Address:

582 RIVIERA DR
TAMPA, FL 33606

New Mailing Address:

FEI Number: 59-1969440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHLICKE, LUTZ H
2407 W AZEELE STREET
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

SCHLICKE, LUTZ H
582 RIVIERA DR
TAMPA, FL 33606 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: LUTZ H SCHLICKE 01/03/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: SCHLICKE, LUTZ H, MD,
Address: 2407 W AZEELE STREET
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: SCHLICKE, LUTZ H, MD,
Address: 582 RIVIERA DR
City-St-Zip: TAMPA, FL 33606

I hereby certify that the information supplied with this filing does not qualify for the 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: LUTZ H SCHLICKE MR 01/03/2007
Electronic Signature of Signing Officer or Director Date