


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90028 033 ***150.00

DOCUMENT # 665966	
1. Entity Name MICHAEL J. PICKERING, M.D., P.A.	

Principal Place of Business 4204-B N. MACDILL AVE. TAMPA, FL 33607 US	Mailing Address 4204-B N. MACDILL AVE. TAMPA, FL 33607 US
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2. Principal Place of Business - No P.O. Box # 2810 W. St. Isabel Street	3. Mailing Address 2810 W. St. Isabel Street
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Tampa, Florida 33607-5375	City & State Tampa, FL 33607-5375
Zip 33607	Country US

40013092



01172008 Chg-P CR2E034 (12/06)

4. FEI Number 59-1984817	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PICKERING, MICHAEL J 4202-B N. MACDILL AVE. TAMPA, FL 33607	7. Name and Address of New Registered Agent Name Michael J. Pickering, M.D. Street Address (P.O. Box Number is Not Acceptable) 2810 W. St. Isabel Street, Suite 101 City Tampa FL Zip Code 33607
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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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PICKERING, MICHAEL J 4204-B N. MACDILL AVE. TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2810 W. St. Isabel Street, Suite 101 Tampa, Florida 33607 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  1/29/08 813/813-7419
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #