


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 8:00 am
Secretary of State

03-31-2008 90056 001 *1,800.00

DOCUMENT # F02000001055 1. Entity Name THOMAS C. TRUELSON, M.D., P.A.	
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Principal Place of Business 1001 WALDROP DR # 708 ARLINGTON, TX 76012	Mailing Address P.O. BOX 120549 ARLINGTON, TX 76012
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DO NOT WRITE IN THIS SPACE

66008258



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number 75-2780854	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARUNIAK, NICHOLAS A M.D. 1314 SUMTER STREET, SUITE 5 LEESBURG, FL 34748

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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 Nicholas A. Maruniak MD DATE 2/14/08
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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSCD TRUELSON, THOMAS C M.D. 1001 WALDROP DRIVE, SUITE 708 ARLINGTON, TX 76012
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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: Tom H. O. CEO DATE 4-22-08 DAYTIME PHONE # 817-303-4521 x209
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR