

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90130 008 ***150.00

DOCUMENT # F43813
 1. Entity Name
 LINDA A. COLEMAN, PH.D., P.A.



Principal Place of Business
 300 S HYOLE PARK AVE #250
 TAMPA, FL 33606

Mailing Address
 300 S HYOLE PARK AVE #250
 TAMPA, FL 33606



2. Principal Place of Business, No P.O. Bpx #
 300 S. Hyde Park Avenue Suite 250

3. Mailing Address
 2956 Bayshore Pointe Drive

04282008 Chg-P CR2E034 (12/06)

City & State
 Tampa, FL

City & State
 Tampa, FL

4. FEI Number
 59-2135152

Applied For
 Not Applicable

Zip
 33606

Country
 Hillsborough

Zip
 33611

Country
 Hillsborough

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

6. Name and Address of Current Registered Agent
 BROD, SHERMAN M. (ESQUIRE)
 725 E. KENNEDY BLVD., SUITE 308
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg. 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. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST COLEMAN, LINDA 300 S. HYDE PARK AVE #250 TAMPA, FL 33606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Linda A. Coleman Date: 4/29/08 Daytime Phone #: 813 251-4446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR