

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F43840

FILED  
Jan 14, 2008  
Secretary of State

Entity Name: DR. STEVEN M. TUCKER, P.A.

## Current Principal Place of Business:

9950 GRIFFIN ROAD  
COOPER CITY, FL 33328

## New Principal Place of Business:

9950 GRIFFIN ROAD  
COOPER CITY, FL 33328

## Current Mailing Address:

9950 GRIFFIN ROAD  
COOPER CITY, FL 33328

## New Mailing Address:

9950 GRIFFIN ROAD  
COOPER CITY, FL 33328

FEI Number: 59-2123610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

STINSON JR., LOUIS (ESQUIRE)  
4675 PONCE DE LEON BLVD.  
STE. 305  
CORAL GABLES, FL 33146 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: S ( ) Delete  
Name: VASANI, ROBIN,  
Address: 9950 GRIFFIN RD.  
City-St-Zip: COOPER CITY, FL 33328

Title: DP ( ) Delete  
Name: TUCKER DR, STEVEN M, O.D.  
Address: 9950 GRIFFIN RD.  
City-St-Zip: COOPER CITY, FL 33128

Title: AS ( ) Delete  
Name: STINSON, LOUIS JR  
Address: 4675 PONCE DE LEON BLVD, STE. 305  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DR. STEVEN M TUCKER

DP

01/14/2008

Electronic Signature of Signing Officer or Director

Date