


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2008 8:00 am
Secretary of State


04-15-2008 90024 011 ***150.00

DOCUMENT # F86106 1. Entity Name CHARLES D. THOMAS, D.M.D., P.A.	
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Principal Place of Business 5382 S. SUNCOAST BLVD. HOMOSASSA, FL 34446 US	Mailing Address 5382 S. SUNCOAST BLVD. HOMOSASSA, FL 34446 US
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DO NOT WRITE IN THIS SPACE

60023240



01102008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2197011	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

THOMAS, CHARLES D
5382 S. SUNCOAST BLVD.
HOMOSASSA, FL 34446

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) 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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD THOMAS, CHARLES D 5382 S. SUNCOAST BLVD. HOMASASSA, FL 00000.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT THOMAS, KAREN 5832 S SUNCOAST BLVD HOMOSASSA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 or other like empowered.

SIGNATURE: Charles D Thomas 3/13/08 3526285635
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone