

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G57106

FILED  
Jan 25, 2011  
Secretary of State

**Entity Name:** SYLVIA D. CAMPBELL, M.D., P.A.

**Current Principal Place of Business:**

217 S. MATANZAS AVE.  
TAMPA, FL 33609 30

**New Principal Place of Business:**

217 S. MATANZAS AVE.  
TAMPA, FL 33609

**Current Mailing Address:**

217 S. MATANZAS AVE.  
TAMPA, FL 33609

**New Mailing Address:**

FEI Number: 59-2316341

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAYMOND, KARIN L MANAGER  
217 S.MATANZAS AVE.  
TAMPA, FL 33609 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

**OFFICERS AND DIRECTORS:**

Title: MD  
Name: CAMPBELL, SYLVIA D.  
Address: 217 S. MATANZAS AVE.  
City-St-Zip: TAMPA, FL 33609

I hereby 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 all other like empowered.

SIGNATURE: SYLVIA D CAMPBELL, MD, PA

PRES

01/25/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date