

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72293

FILED
Apr 11, 2008
Secretary of State

Entity Name: THOMAS E. CARSON, M.D., P.A.

Current Principal Place of Business:

C/O THOMAS E. CARSON
1259 S PINELLAS AVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

C/O THOMAS E. CARSON
1259 S PINELLAS AVE
TARPON SPRINGS, FL 34689 US

Current Mailing Address:

C/O THOMAS E. CARSON
1259 S PINELLAS AVE
TARPON SPRINGS, FL 34689

New Mailing Address:

C/O THOMAS E. CARSON
1259 S PINELLAS AVE
TARPON SPRINGS, FL 34689 US

FEI Number: 59-2341946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARSON, THOMAS E
1259 S PINELLAS AVE
TARPON SPRINGS, FL 34689 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: DP () Delete
Name: CARSON, THOMAS E,
Address: 1259 SOUTH PINELLAS AVE
City-St-Zip: TARPON SPRINGS, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: CARSON, THOMAS E,
Address: 1259 SOUTH PINELLAS AVE
City-St-Zip: TARPON SPRINGS, FL 34689 US

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: THOMAS E. CARSON

PRES

04/11/2008

Electronic Signature of Signing Officer or Director

_____ Date