

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G72293

FILED  
Feb 13, 2012  
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 US

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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

**OFFICERS AND DIRECTORS:**

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

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: THOMAS E. CARSON, M.D.

PRES

02/13/2012

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

\_\_\_\_\_  
Date