


**FILED**  
**Mar 27, 2007 8:00 am**  
**Secretary of State**

03-27-2007 90019 024 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # H05038</b> 1. Entity Name <b>THOMAS A. TOMLIN, M.D., P.A.</b>	
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Principal Place of Business <b>1100 SAWGRASS VILLAGE DRIVE SUITE 100 PONTE VEDRA BEACH, FL 32082</b>	Mailing Address <b>1100 SAWGRASS VILLAGE DRIVE SUITE 100 PONTE VEDRA BEACH, FL 32082</b>
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40042777



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2452553</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

<b>6. Name and Address of Current Registered Agent</b>  <b>TOMLIN, THOMAS A MD 111 CAMINO TR. PONTE VEDRA BEACH, FL 32082</b>
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**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT TOMLIN, THOMAS A M.D. 111 CAMINO TRAIL PONTE VEDRA BEACH, FL 32082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <del>TOMLIN, PAMELA</del> <del>111 CAMINO TRAIL</del> <del>PONTE VEDRA BEACH, FL 32082</del> <i>TR Tomlin</i>
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 all other like empowered.

SIGNATURE: *Thomas A. Tomlin MD* **THOMAS A. TOMLIN, MD** 3/13/07 904-285-9355  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #