JUL-10-2006 04:18 PM ROBERT W OSBORNE AND CO

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Secretary of State
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2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H27773

1. Entity Name
NOVELLE D.T. KIRWAN, M.D., P.A.

40099942

Principal Place of Business	Mailing Address
4600 N HABANA AVE, STE 11 TAMPA, FL 33614 US	4600 N HABANA AVE STE 11 TAMPA, FL 33614 US

DO NOT WRITE IN THIS SPACE

07102006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2506352
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

KIRWAN, NOVELLE DT
4600 N HABANA AVENUE #11
TAMPA, FL 33614

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	KIRWAN, NOVELLE D. T.
STREET ADDRESS	4600 N HABANA AVAE STE 11
CITY-ST-ZIP	TAMPA, 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	
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: Novelle D.T. Kirwan MD President 7/10/06 (813) 348-9545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Novelle D.T. KIRWAN MD (PRESIDENT)

ATTACHMENT

NOVELLE D.T. KIRWAN, M.D., F.A.C.S., P.A.
DIPLOMATE AMERICAN BOARD OF UROLOGY
4600 N. Habana Avenue, Suite 11
Tampa, Florida 33614 (813) 348-9545.

7/10/06

Division of Corporations,
P.O. Box 6198.
Tallahassee Florida.

400999H2
#H27773

Dear Sir/Madam,

I am in receipt of your post card, which recently came to me, indicating that I was delinquent in filing my annual for Profit Corporation Report.

My reason for not filing sooner is that I never received the 2006 Report form, which usually arrives annually in the month of January. My first correspondence from you this year was in the form of the post-card, a few days ago.

I am therefore writing to protest the levied penalty since, as you can attest, I have never been delinquent in filing my report over the past 22 years of Incorporation.

I have since contacted "Kathy" in your department and she has advised me to write this appeal.

Many thanks for your kind consideration.

Respectfully yours,

Novelle D.T. Kirwan MD.