


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 8:00 am
Secretary of State

04-26-2007 90201 007 ***150.00

DOCUMENT # H27773		
1. Entity Name NOVELLE D.T. KIRWAN, M.D., P.A.		

Principal Place of Business 4600 N HABANA AVE. STE 11 (MK) TAMPA FL 33614 US 2910 Whittington Place, TAMPA FL 33618 U.S.	Mailing Address 4600 N HABANA AVE P.O. Box 151167 STE 11 (MK) TAMPA FL 33614 US 33684-1167 U.S.
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01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2506352	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KIRWAN, NOVELLE DT 4600 N HABANA AVENUE #11 P.O. Box 151167 TAMPA FL 33614 (MK) TAMPA FL (MK) 2910 Whittington Place TAMPA FL Tampa FL 33618-4553 33684-1167 U.S.	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

**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	DP KIRWAN, NOVELLE D. T. (MK) 4600 N HABANA AVENUE STE 11 P.O. Box 151167. TAMPA FL 33684-1167 U.S.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 Novelle D.T. KIRWAN 4/17/07 (813) 932-1707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone