

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H27773

FILED  
Apr 07, 2010  
Secretary of State

**Entity Name:** NOVELLE D.T. KIRWAN, M.D., P.A.

**Current Principal Place of Business:**

2910 WHITTINGTON PLACE  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 151167  
TAMPA, FL 336841167 US

**New Mailing Address:**

**FEI Number:** 59-2506352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KIRWAN, NOVELLE DT  
2910 WHITTINGHAM PLACE  
TAMPA, FL 336184553 US

**Name and Address of New Registered Agent:**

KIRWAN, NOVELLE DT  
2910 WHITTINGTON PLACE  
TAMPA, FL 336184553 US

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

04/07/2010

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: KIRWAN, NOVELLE D. T.  
Address: PO BOX 151167  
City-St-Zip: TAMPA, FL 336841167

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: NOVELLE D.T. KIRWAN MD

PRES

04/07/2010

Electronic Signature of Signing Officer or Director

Date