

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # H71382

1. Entity Name
THOMAS R. BOULTER, MD, FACS, PA



Principal Place of Business
311 N CLYDE MORRIS BLVD
SUITE 580
DAYTONA BEACH, FL 32114

Mailing Address
311 N CLYDE MORRIS BLVD
SUITE 580
DAYTONA BEACH, FL 32114

DO NOT WRITE IN THIS SPACE

FILED
Mar 02, 2007 8:00 am
Secretary of State

01-31-2007 90051 040 ***150.00



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2560845	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

BOULTER, THOMAS R
311 N CLYDE MORRIS BLVD
SUITE 580
DAYTONA BEACH, FL 32114

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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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revising)

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	P
NAME	BOULTER, THOMAS R.
STREET ADDRESS	311 N CLYDE MORRIS BLVD SUITE 580
CITY-ST-ZIP	DAYTONA BEACH, FL 32114
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	

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 22, 07

3862575055

Date

Daytime Phone #