


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90086 045 \*\*\*150.00

<b>DOCUMENT # J45244</b> 1. Entity Name ANNIE THOMAS, M.D., P.A.	
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Principal Place of Business % THOMAS N. THOMAS 3150 TAMPA ROAD STE 16 OLDSMAR, FL 34677	Mailing Address % THOMAS N. THOMAS 3150 TAMPA RD STE 16 OLDSMAR, FL 34677
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**DO NOT WRITE IN THIS SPACE**

40072814



04132007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2837976	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  THOMAS, THOMAS N. 3150 TAMPA RD. STE 16 OLDSMAR, FL 34677
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THOMAS, ANNIE 3457, SHORELINE CIR PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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 N. Thomas (THOMAS N. THOMAS) 4/17/07 227 786 5587  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #