


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J45244</b> 1. Entity Name <b>ANNIE THOMAS, M.D., P.A.</b>			
Principal Place of Business <b>% THOMAS N. THOMAS 3150 TAMPA ROAD STE 16 OLDSMAR, FL 34677</b>		Mailing Address <b>% THOMAS N. THOMAS 3150 TAMPA RD STE 16 OLDSMAR, FL 34677</b>	
2. Principal Place of Business - No P.O. Box # <b>3684 TAMPA RD.</b>		3. Mailing Address <b>3684 TAMPA RD</b>	
Suite, Apt. #, etc. <b>UNIT 3</b>		Suite, Apt. #, etc. <b>UNIT 3</b>	
City & State <b>OLDSMAR FL</b>		City & State <b>OLDSMAR FL</b>	
Zip <b>34677</b>		Zip <b>34677</b>	
Country		Country	
4. FEI Number <b>59-2837976</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>THOMAS, THOMAS N. 3150 TAMPA RD, STE 16 OLDSMAR, FL 34677</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D</b>	NAME <b>THOMAS, ANNIE</b>	TITLE <b>U00000926562</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>3457 SHORELINE CIR</b>	CITY-ST-ZIP <b>PALM HARBOR, FL 34684</b>	STREET ADDRESS <b>05/20/08-80072-009</b>	<b>150.00</b>
CITY-ST-ZIP <b>PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete	TITLE <b>U00000926562</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THOMAS, ANNIE</b>	STREET ADDRESS <b>3457 SHORELINE CIR</b>	STREET ADDRESS <b>05/20/08-80072-009</b>	<b>150.00</b>
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CITY-ST-ZIP <b>PALM HARBOR, FL 34684</b>	<input type="checkbox"/> Delete	TITLE <b>U00000926562</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas N Thomas</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>4/24/08</u> <span style="float: right;">813 818 4516</span>	