2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07153

Entity Name: NORMA L. WAITE, M.D., P.A.

Current Principal Place of Business:

C/O NORMA L. WAITE M.D.
7479 CONROY ROAD, SUITE B
ORLANDO, FL 32835

New Principal Place of Business:

C/O NORMA L. WAITE M.D.
6000 TURKEY LAKE ROAD SUITE 112
ORLANDO, FL 32819

Current Mailing Address:

C/O NORMA L. WAITE M.D.
7479 CONROY ROAD, SUITE B
ORLANDO, FL 32835

New Mailing Address:

C/O NORMA L. WAITE M.D.
6000 TURKEY LAKE ROAD SUITE 112
ORLANDO, FL 32819

FEI Number: 59-2964189 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WAITE, NORMA L M.D.
7479 CONROY ROAD
SUITE B
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

WAITE, NORMA L M.D.
6000 TURKEY LAKE ROAD
SUITE 112
ORLANDO, FL 32819 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: NORMA L WAITE, M.D. 04/30/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: WAITE, NORMA L
Address: 7479 CONROY ROAD, SUITE B
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: WAITE, NORMA L
Address: 6000 TURKEY LAKE ROAD SUITE 112
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NORMA L. WAITE, M.D. OWNE 04/30/2009
Electronic Signature of Signing Officer or Director Date