

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M82217

FILED
May 02, 2005
Secretary of State

Entity Name: KARON R. LOCICERO, M.D., P.A.

Current Principal Place of Business:

508 S HABANA AVE
240`
TAMPA, FL 33609

New Principal Place of Business:

2605 W SWANN AVE
600
TAMPA, FL 33609

Current Mailing Address:

508 S HABANA AVE
240`
TAMPA, FL 33609

New Mailing Address:

2605 W SWANN AVE
600
TAMPA, FL 33609

FEI Number: 59-2894869

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOCICERO, KARON R
508 S HABANA AVE
240
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

LOCICERO, KARON R
2605 W SWANN AVE
600
TAMPA, FL 33609 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:

05/02/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LOCICERO, KARON R PS
Address: 508 S HABANA AVE 240
City-St-Zip: TAMPA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KARON R LOCICERO

PS

05/02/2005

Electronic Signature of Signing Officer or Director

Date