

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2008 8:00 am**  
**Secretary of State**

05-21-2008 90025 016 \*\*\*\*61.25

**DOCUMENT # N01000008022**

1. Entity Name  
**CORY LAKE ISLES PROFESSIONAL CENTER  
ASSOCIATION, INC.**



Principal Place of Business  
**12001 CORY LAKE BLVD.  
TAMPA, FL 33647**

Mailing Address  
**10335 CROSS CREEK BLVD.  
TAMPA, FL 33647**  
#28

**60042835**



04102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**04-3681692**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KREISCHER, ALBERT C JR  
1407 W. BUSCH BLVD.  
TAMPA, FL 33612**

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
TAGLIARINO, JUDY  
12001 CORY LAKE BLVD.  
TAMPA, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMASON, EUGENE E  
12001 CORY LAKE BLVD.  
TAMPA, FL 33647**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
THOMASON, BETTY  
12001 CORY LAKE BLVD.  
TAMPA, FL 33647**

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 617, 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

**EUGENE THOMASON**

Date

**4/16/08**

Daytime Phone #

**813/994-8515**