


FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90022 008 ****61.25

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N02000009270			
1. Entity Name PARSONS PROFESSIONAL PARK ASSOCIATION, INC.			
Principal Place of Business 9331 ADAMO DR, STE 200 TAMPA, FL 33619		Mailing Address 9331 ADAMO DR, STE 200 TAMPA, FL 33619	
2. Principal Place of Business - No P.O. Box # All Children's Specialty Care of Brandon		3. Mailing Address Suite, Apt. #, etc. 885 South Parsons Ave.	
City & State Brandon, FL		City & State SAME	
Zip 33634	Country Hillsborough	Zip 33634	Country FL
4. FEI Number 20-1122302		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		03282007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent CARVER, CHARLES H ESQ. 101 E KENNEDY BLVD, STE 4100 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Tim Strouse Street Address (P.O. Box Number is Not Acceptable) 885 South Parsons Ave. City Brandon, FL FL Zip Code 33634	
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's signature required when reappointing) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, JAMES W JR 9331 ADAMO DR, STE 200 TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President-Tim Strouse 885 South Parsons Ave. Brandon, FL 33634 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, CHRISTOPHER R 9331 ADAMO DR, STE 200 TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Ingacia Armas, M.D. 116 Parsons Park Drive Brandon, FL 33611 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEWIS, BETH C 9331 ADAMO DR, STE 200 TAMPA, FL 33619 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer- Tyler Reiber 1110 North Florida Ave. Tampa, FL 33601 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary-Connie Joy 885 South Parsons Ave. Brandon, FL 33634 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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 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: <i>Timothy M. Strouse</i> TIMOTHY M. STROUSE PRESIDENT		4-5-07 727-767-4270 Date Daytime Phone #	