

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005452

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** CARROLLWOOD PROFESSIONAL CENTER ASSOCIATION, INC.

**Current Principal Place of Business:**

3609 MADACA LANE  
TAMPA, FL 33618

**New Principal Place of Business:**

3629 MADACA LANE  
TAMPA, FL 33618

**Current Mailing Address:**

3609 MADACA LANE  
TAMPA, FL 33618

**New Mailing Address:**

3629 MADACA LANE  
TAMPA, FL 33618

**FEI Number:** 59-3508081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRZCINSKI, RICHARD L  
3609 MADACA LANE  
TAMPA, FL 33618 US

**Name and Address of New Registered Agent:**

TRZCINSKI, RICHARD L  
3629 MADACA LANE  
TAMPA, FL 33618 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:

04/26/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: TRZCINSKI, RICHARD L  
Address: 3609 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: RUSSEL, SCOTT G  
Address: 3609 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete  
Name: SMIDDY, LESLIE C  
Address: 3609 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: TRZCINSKI, RICHARD L  
Address: 3629 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition  
Name: RUSSEL, SCOTT G  
Address: 3629 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

Title: D (X) Change ( ) Addition  
Name: SMIDDY, LESLIE C  
Address: 3629 MADACA LANE  
City-St-Zip: TAMPA, FL 33618

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT RUSSEL

D

04/26/2007

Electronic Signature of Signing Officer or Director

Date