## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000060573

City-St-Zip:

SARASOTA, FL 34239

Entity Name: CYNTHIA L. COLLAWN, M.D., P.A.

FILED Jan 10, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
1219 S EA STE 101 SARASO	AST AVE TA, FL 34239				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
1219 S EA STE 101 SARASO	AST AVE TA, FL 34239				
FEI Number	r: 65-1020945	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
1219 S EA STE 101	N, CYNTHIA L AST AVE TA, FL 34239	Js			
	e named entity s te of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	IRE:				
	Electron	ic Signature of Registered Ago	ent	Date	
Election Ca	ımpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	PST () COLLAWN, CY 1219 S EAST A		Title: Name: Address:	( ) Change ( ) Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CYNTHIA L. COLLAWN MD 01/10/2007