

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 01, 2008
Secretary of State**

DOCUMENT# P00000101787

Entity Name: THOMAS STENGEL, M.D., P.A.

Current Principal Place of Business:

603 7TH STREET SOUTH
SUITE 540
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

603 7TH STREET SOUTH
SUITE 540
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 59-3664976 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STENGEL, THOMAS
603 7TH STREET SOUTH
SUITE 540
ST. PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STENGEL, THOMAS
Address: 603 7TH STREET SOUTH, SUITE 540
City-St-Zip: ST. PETERSBURG, FL 33701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MD (X) Change () Addition
Name: STENGEL, THOMAS
Address: 603 7TH STREET SOUTH, SUITE 540
City-St-Zip: ST. PETERSBURG, FL 33701

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

SIGNATURE: THOMAS J STENGEL

MD

05/01/2008

Electronic Signature of Signing Officer or Director

_____ Date