




**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # P00000116421			
1. Entity Name TAMPA MEDICAL ARTS COMPANY			
Principal Place of Business 218 MYRTLE RIDGE ROAD LUTZ, FL 33549		Mailing Address POST OFFICE BOX 698 TAMPA, FL 33548	
DO NOT WRITE IN THIS SPACE			
		02082006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-1065660	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAUGHAN, LESTER 218 MYRTLE RIDGE ROAD LUTZ, FL 33549		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 _____ (NOTE: Registered Agent signature required when reissuing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000429090 02/21/06-80073-022 150.00
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD VAUGHAN, LESTER 218 MYRTLE RIDGE ROAD LUTZ, FL 33549		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, THOMAS P 10605 ILEX STREET TAMPA, FL 33618		
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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 607, 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:  Lester Vaughan		Feb. 8, 2006	(813) 949-3861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #