

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000011757

FILED
Apr 24, 2009
Secretary of State

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

Current Principal Place of Business:

106 MEDICAL CENTER DRIVE
PANAMA CITY, FL 32405

New Principal Place of Business:

Current Mailing Address:

653 W 23RD STREET
183
PANAMA CITY, FL 32405

New Mailing Address:

5500 MILITARY TRAIL
#22-277
JUPITER, FL 33458

FEI Number: 59-3696626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, THOMAS D MD
653 W 23RD STREET
183
PANAMA CITY, FL 32405 US

Name and Address of New Registered Agent:

BROWN, THOMAS D MD
833 MADISON COURT
PALM BEACH GARDENS, FL 33410 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: THOMAS BROWN

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, THOMAS D
Address: 653 W 23RD STREET # 183
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BROWN, THOMAS D
Address: 5500 MILITARY TRAIL #22-277
City-St-Zip: JUPITER, FL 33458

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 BROWN

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date