

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000058770

Entity Name: CAROLYN D. PASS, MD, P.A.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

134 LAKE MARIAM WAY
WINTER HAVEN, FL 338843818

New Principal Place of Business:

1255 STATE ROAD 60 EAST
LAKE WALES, FL 33853

Current Mailing Address:

320 1ST STREET N
WINTER HAVEN, FL 33881

New Mailing Address:

FEI Number: 52-2326354

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PASS, CAROLYN D
134 LAKE MARIAM WAY
WINTER HAVEN, FL 338843818 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: PASS, CAROLYN D MD
Address: 134 LAKE MARIAM WAY
City-St-Zip: WINTER HAVEN, FL 33884 38

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAROLYN D PASS, MD

PRES

04/22/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date