

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000070970

FILED
Jan 30, 2008
Secretary of State

Entity Name: DORECE G. NORRIS, M.D., P.A.

Current Principal Place of Business:

2605 W. SWANN AVE.
#600
TAMPA, FL 33609

New Principal Place of Business:

4201 BAYSHORE BLVD.
#401
TAMPA, FL 33611

Current Mailing Address:

4201 BAYSHORE BLVD
#401
TAMPA, FL 33611

New Mailing Address:

FEI Number: 59-3742512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, SUZANNE CPA
2203 N. LOIS AVE.
SUITE M-600
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

NORRIS, DORECE
4201 BAYSHORE BLVD
#401
TAMPA, FL 33611 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: DORECE NORRIS

01/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NORRIS, DORECE G MD
Address: 4205 S. MACDILL AVE. A
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NORRIS, DORECE G MD
Address: 4201 BAYSHORE BLVD #401
City-St-Zip: TAMPA, FL 33611

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: DORECE NORRIS

D

01/30/2008

Electronic Signature of Signing Officer or Director

Date