2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080372

City-St-Zip:

LONGBOAT KEY, FL 34228

Entity Name: DR. THOMAS W. CAIL, P.A.

FILED Mar 26, 2009 Secretary of State

Current	Principal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
	COLN DRIVE # DTA, FL 34236	102			
Current Mailing Address:			New Mailing Address:		
	R OAKS LANE OAT KEY, FL 3	4228			
FEI Numbe	er: 65-1142330	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
ABEL, BA	KENNETH D AND ET AL NEAPPLE AVE)TA, FL 34236				
	e named entity te of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	JRE:				
	Electro	nic Signature of Registered Age	ent	Date	
Election C	ampaign Financir	ng Trust Fund Contribution ().			
OFFICE	RS AND DIREC	CTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address:	DR (CAIL, THOMA: 3534 FAIR OA		Title: Name: Address:	() Change () Addition	

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: THOMAS W. CAIL DR 03/26/2009