

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90013 027 ***150.00

DOCUMENT # P02000071767
 1. Entity Name
 ISABEL MATHIESON, D.O., P.A.



Principal Place of Business Mailing Address
 510 VANDERBURG DR STE 208
 BRANDON, FL 33511
~~6325 JACQUELINE ARBOR DR
 TEMPLE TERRACE, FL 33617~~

50001698



2. Principal Place of Business - No P.O. Box #
 3. Mailing Address
 Suite, Apt. #, etc. City & State
 6987 East Fowler Avenue
 Tampa, Florida

01232008 Chg-P CR2E034 (12/06)

4. FEI Number
 01-0726267
 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DRUMMOND, TEMPLE H.
 6325 JACQUELINE ARBOR DRIVE
 TAMPA, FL 33617

7. Name and Address of New Registered Agent
 Name Temple H. Drummond, Esq.
 Street Address (P.O. Box Number is Not Acceptable)
 Drummond Wehle & Ross LLP
 6987 East Fowler Avenue
 City Tampa FL Zip Code 33617

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 Temple H. Drummond Temple H. Drummond, Esq. 3/21/08

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
DR.	MATHIESON, ISABEL	510 VANDERBURG DR STE 208	BRANDON, FL 33511	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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, 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: Isabel Mathieson Isabel Mathieson (813) 643-8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3-17-08 Date