

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000073218

FILED  
Feb 16, 2007  
Secretary of State

Entity Name: ST. MARY'S MEDICAL CLINIC, P.A.

**Current Principal Place of Business:**

14201 BRUCE B. DOWNS BLVD., STE. 4  
TAMPA, FL 33613

**New Principal Place of Business:**

**Current Mailing Address:**

14201 BRUCE B. DOWNS BLVD., STE. 4  
TAMPA, FL 33613

**New Mailing Address:**

FEI Number: 27-0019845

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IBRAHIM, EMAD L  
14201 BRUCE B. DOWNS BLVD., STE. 4  
TAMPA, FL 33613 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: P/D ( ) Delete  
Name: IBRAHIM, EMAD L M.D.  
Address: 14201 BRUCE B DOWNS BLVD. STE 4  
City-St-Zip: TAMPA, FL 33613

**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 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: EMAD L IBRAHIM

MD

02/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date