2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State
04-03-2006 90391 040 ***150.00

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1. Entity Name
JAMES NORMAN, M.D., P.A.

Principal Place of Business	Mailing Address
505 SOUTH BOULEVARD TAMPA, FL 33606 3238 Cove Bend Dr. Tampa, Fl. 33613	3903 NORTHDALE BLVD SUITE 100W TAMPA, FL 33624 3238 Cove Bend Dr. Tampa, Fl. 33613

03022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
38-3669433
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIKOS, CYNTHIA A
205 N PARSONS AVE
SUITE A
BRANDON, FL 33510-4515

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PRES
NAME	NORMAN, JAMES MD
STREET ADDRESS	3903 NORTHDALE BLVD SUITE 100W 3238 Cove Bend Drive
CITY-ST-ZIP	TAMPA, FL 33624 Tampa, Fl. 33613
TITLE	VP
NAME	NORMAN, JAMES MD
STREET ADDRESS	3903 NORTHDALE BLVD SUITE 100W
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	SEC
NAME	NORMAN, JAMES MD
STREET ADDRESS	3903 NORTHDALE BLVD SUITE 100W
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	TRES
NAME	NORMAN, JAMES MD
STREET ADDRESS	3903 NORTHDALE BLVD SUITE 100W
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 or 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: James Norman, MD 3/23/06 813.972.0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #