

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000045539

FILED
Mar 23, 2009
Secretary of State

Entity Name: DR. KATHLEEN A. CULLEN, P.A.

Current Principal Place of Business:

5000 PARK ST
SUITE 1010
ST PETERSBURG, FL 33709

New Principal Place of Business:

10575 68 TH AVE N
SUITE A1
SEMINOLE, FL 33772

Current Mailing Address:

5000 PARK ST
SUITE 1010
ST PETERSBURG, FL 33709

New Mailing Address:

10575 68 TH AVE N
SUITE A1
SEMINOLE, FL 33772

FEI Number: 03-0515402

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CULLEN, KATHLEEN A
5000 PARK ST
SUITE 1010
ST PETERSBURG, FL 33709 US

Name and Address of New Registered Agent:

CULLEN, KATHLEEN A
10575 68 TH AVE N
SUITE A1
SEMINOLE, FL 33772 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:

03/23/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CULLEN, KATHLEEN A
Address: 5000 PARK ST SUITE 1010
City-St-Zip: ST PETERSBURG, FL 33709

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CULLEN, KATHLEEN A
Address: 10575 68 TH AVE N SUITE A1
City-St-Zip: SEMINOLE, FL 33772

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: KATHLEEN A CULLEN

P

03/23/2009

Electronic Signature of Signing Officer or Director

Date