

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000060137

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** THOMAS A. CRUM, PH.D., P.A.

**Current Principal Place of Business:**

319 DESOTO ST.  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

450 NORTH PARK ROAD  
SUITE 502  
HOLLYWOOD, FL 33021 UN

**Current Mailing Address:**

319 DESOTO ST.  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 58-2674779

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CRUM, THOMAS A  
2100 LAKE IDA ROAD  
SUITE 4  
DELRAY BEACH, FL 33019 US

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

CRUM, THOMAS A  
450 NORTH PARK ROAD  
SUITE 502  
HOLLYWOOD, FL 33021 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/07/2012

Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: CRUM, THOMAS  
Address: 450 NORTH PARK ROAD SUITE 502  
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: THOMAS A. CRUM, PH.D., \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PRES

02/07/2012

Date