2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2009
Secretary of State

DOCUMENT# P03000078261

Entity Name: S. TRACY RHODES, M.D., P.A.

Current Principal Place of Business:

5526 LAKE HOWELL RD
WINTER PARK, FL 32792

New Principal Place of Business:

5474 LAKE HOWELL RD
WINTER PARK, FL 32792

Current Mailing Address:

5526 LAKE HOWELL RD
WINTER PARK, FL 32792

New Mailing Address:

5474 LAKE HOWELL RD
WINTER PARK, FL 32792

FEI Number: 74-3099759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHODES, SPENCER
126 E JEFFERSON ST
ORLANDO, FL 32801 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: PSTD ( ) Delete
Name: RHODES, S TRACY
Address: 5526 LAKE HOWELL RD
City-St-Zip: WINTER PARK, FL 32792

Title: VP ( ) Delete
Name: RHODES, S TRACY
Address: 5526 LAKE HOWELL RD
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: RHODES, S TRACY
Address: 5474 LAKE HOWELL RD
City-St-Zip: WINTER PARK, FL 32792

Title: VP (X) Change ( ) Addition
Name: RHODES, S TRACY
Address: 5474 LAKE HOWELL RD
City-St-Zip: WINTER PARK, FL 32792

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: S. TRACY RHODES MD PRES 01/25/2009
Electronic Signature of Signing Officer or Director Date