

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90253 014 \*\*\*150.00

**50018837**



|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>DOCUMENT # P03000082608</b><br>1. Entity Name<br><b>TOMMY L. LOUISVILLE, M.D., P.A.</b>   |   |   |  |   |  |
| Principal Place of Business<br><b>575 EAST CENTRAL AVE</b><br><b>WINTER HAVEN, FL 33880</b>  |   |   | Mailing Address<br><b>575 EAST CENTRAL AVE</b><br><b>WINTER HAVEN, FL 33880</b>  |   |  |
| 2. Principal Place of Business<br><b>320 First St. S.W.</b><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br><b>320 First St. S.W.</b><br>Suite, Apt. #, etc.      |  |   |  |
| City & State<br><b>Winter Haven, FL</b><br>Zip Country<br><b>33880 U.S.</b>  |   | City & State<br><b>Winter Haven, FL</b><br>Zip Country<br><b>33880 U.S.</b> |  | 4. FEI Number<br><b>20-0124416</b>                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |   |   |  | Applied For<br><input type="checkbox"/> Not Applicable            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>INCORPORATE USA, INC.</b><br><b>3150 SANDY RIDGE DR</b><br><b>CLEARWATER, FL 33761</b>   |   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |  |
| 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.<br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |   |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>P</b><br><b>LOUISVILLE, TOMMY L</b><br><b>221 OLD SPANISH WAY</b><br><b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <b>S</b><br><b>LOUISVILLE, MARVA H</b><br><b>221 OLD SPANISH WAY</b><br><b>WINTER HAVEN, FL 33884</b> <input type="checkbox"/> Delete |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete   |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |
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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. |   |   |  |   |  |
| <b>SIGNATURE:</b>  |   |   | <b>4-27-06</b>   |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |   | Date Daytime Phone #   |   |  |