

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000082608

FILED  
Apr 15, 2009  
Secretary of State

Entity Name: TOMMY L. LOUISVILLE, M.D., P.A.

## Current Principal Place of Business:

320 FIRST ST SW  
WINTER HAVEN, FL 33880

## New Principal Place of Business:

320 FIRST ST SW  
STE 100  
WINTER HAVEN, FL 33880

## Current Mailing Address:

320 FIRST ST SW  
WINTER HAVEN, FL 33880

## New Mailing Address:

320 FIRST ST SW  
STE 100  
WINTER HAVEN, FL 33880

FEI Number: 20-0124416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761 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: P ( ) Delete  
Name: LOUISVILLE, TOMMY L  
Address: 221 OLD SPANISH WAY  
City-St-Zip: WINTER HAVEN, FL 33884

Title: S ( ) Delete  
Name: LOUISVILLE, MARVA H  
Address: 221 OLD SPANISH WAY  
City-St-Zip: WINTER HAVEN, FL 33884

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: TOMMY L LOUISVILLE

P

04/15/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date