2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 12, 2008
Secretary of State

DOCUMENT# P03000118275

Entity Name: TORY SULLIVAN, M.D., P.A.

Current Principal Place of Business:

555 NE 50TH TERRACE
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

555 NE 50TH TERRACE
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-0328714 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELONA SULLIVAN
555 NE 50TH TERR
MIAMI, FL 33137 US

Name and Address of New Registered Agent:

STEVEN K. BARID, P.A.
5981 NE 6TH AVENUE
MIAMI, FL 33137 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: STEVEN K. BAIRD, PRESIDENT 03/12/2008
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: TORY SULLIVAN MD PA,
Address: 555 NE 50TH TERRACE
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: SULLIVAN, TORY
Address: 555 NE 50TH TERRACE
City-St-Zip: MIAMI, FL 33137

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: TORY SULLIVAN P 03/12/2008
Electronic Signature of Signing Officer or Director Date