

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
May 01, 2007 8:00 am  
Secretary of State**

05-01-2007 90057 040 \*\*\*150.00

DOCUMENT # P03000156458		
1. Entity Name SCOTT B. ELSBREE M.D., P.A.		

Principal Place of Business  
16528 N DALE MABRY HWY  
TAMPA, FL 33618

Mailing Address  
16528 N DALE MABRY HWY  
TAMPA, FL 33618

2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDERS, WALTER 16528 N DALE MABRY HWY TAMPA, FL 33618		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	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.

SIGNATURE Walter Sanders

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when remailing)

4/29/07

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME ELSBREE, SCOTT B  
STREET ADDRESS 5750 MIDNIGHT PASS RD UNIT 10  
CITY-ST-ZIP SARASOTA, FL 34242

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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.

SIGNATURE: Scott Elsbree

*Scott Elsbree*

4/29/07 813-961-0044  
Date Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR