# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 25, 2007**
**Secretary of State**

DOCUMENT# P04000081721

**Entity Name:** ANNE HERMANN, M.D., P.A.

**Current Principal Place of Business:**

900 CARILLON PKWY., SUITE 301
ST. PETERSBURG, FL 33716

**New Principal Place of Business:**

**Current Mailing Address:**

3604 W. EL PRADO BLVD.
TAMPA, FL 33629

**New Mailing Address:**

508 S. HABANA AVE.
TAMPA, FL 33609

**FEI Number: 20-1192215** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WALKER, GARY
100 S. ASHLEY DR., SUITE 1500
TAMPA, FL 33716 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: MD ( ) Delete
Name: HERMANN, ANNE
Address: 3604 W. EL PRADO BLVD.
City-St-Zip: TAMPA, FL 33629

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: MD (X) Change ( ) Addition
Name: HERMANN, ANNE
Address: 508 S. HABANA AVE.
City-St-Zip: TAMPA, FL 33609

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: ANNE HERMANN, MD MD 04/25/2007

Electronic Signature of Signing Officer or Director — Date