

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 28, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000086295

1. Entity Name
MARY T. BRYANT, P.A.



Principal Place of Business
3910 NORTHDAL BLVD
SUITE 208
TAMPA, FL 33624

Mailing Address
P.O. BOX 273954
TAMPA, FL 33624



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
14-1909839

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, MARY T
3910 NORTHDAL BLVD
STE 208
TAMPA, FL 33624

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IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

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 PD
NAME BRYANT, MARY T
STREET ADDRESS 3910 NORTHDAL BLVD STE 208
CITY-ST-ZIP TAMPA, FL 33624

TITLE STD
NAME BRYANT, THOMAS
STREET ADDRESS 3910 NORTHDAL BLVD STE 208
CITY-ST-ZIP TAMPA, FL 33624

TITLE
NAME
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03/03/07-80024-004 150.00

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IN THIS SPACE

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: *Mrs. Mary T. Bryant, PhD, PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-07 813-240-4537

Date

Daytime Phone #