

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000110405

FILED  
Feb 23, 2010  
Secretary of State

Entity Name: CHALE, M.D., P.A.

**Current Principal Place of Business:**

340 TALL OAK TRAIL  
TARPON SPRINGS, FL 34688

**New Principal Place of Business:**

**Current Mailing Address:**

340 TALL OAK TRAIL  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 20-1431812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RILEY, STEVEN P  
4805 WEST LAUREL STREET  
SUITE 230  
TAMPA, FL 33607 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: PVST  
Name: HALE, CONSTANCE M  
Address: 340 TALL OAK TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: CHRM  
Name: HALE, CONSTANCE M  
Address: 340 TALL OAK TRAIL  
City-St-Zip: TARPON SPRINGS, FL 34688

I hereby 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 all other like empowered.

SIGNATURE: CONSTANCE M HALE

PVST

02/23/2010

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

\_\_\_\_\_ Date