

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000122717

FILED
Jan 23, 2007
Secretary of State

Entity Name: TLC PEDIATRIC & ADOLESCENT MEDICINE, P.A.

Current Principal Place of Business:

1834 NORTH ALAFAYA TRAIL
ORLANDO, FL 32826

New Principal Place of Business:

1834 NORTH ALAFAYA TRAIL
SUITE A
ORLANDO, FL 32825

Current Mailing Address:

PO BOX 195186
WINTER SPRINGS, FL 327195186

New Mailing Address:

1834 NORTH ALAFAYA TRAIL
SUITE A
ORLANDO, FL 32825

FEI Number: 20-1529976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CFRA LLC
4221 W BOY SCOUT BLVD 10TH FLOOR
TAMPA, FL 336075736 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: D () Delete
Name: LACY, THOMAS A
Address: 151 CHERRY CREEK CIRCLE
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LACY, THOMAS A
Address: 4226 ANISSA AVENUE
City-St-Zip: ORLANDO, FL 32814

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS LACY

D

01/23/2007

Electronic Signature of Signing Officer or Director

Date