

# 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 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