


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 23, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P04000169815</b> 1. Entity Name <b>THOMAS P. CARSON, M.D. PROFESSIONAL ASSOCIATION</b>					
Principal Place of Business <b>3813 OAKWATER CIR ORLANDO FL 32806</b>			Mailing Address <b>4322 TIDEWATER DRIVE ORLANDO FL 32812</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>03-0554873</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CARSON, THOMAS P MD 4322 TIDEWATER DR ORLANDO FL 32812</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST CARSON, THOMAS P M.D. 4322 TIDEWATER DRIVE ORLANDO FL 32812		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	U000000724187 05/02/07-80101-020 158.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.					
<b>SIGNATURE:</b> <i>Thomas P Carson MD</i>			Date <b>3/26</b> Daytime Phone # <b>407-851-6157</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					