2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000030211

FILED Apr 06, 2006 8:00 am Secretary of State

04-06-2006 90004 001 ***150.00

1. Entity Nam JOHN M.	e TANNER, M.D., P.A.							
Principal Place of Business Mailing Address 2700 W. MARTIN LUTHER KING, IR., BLVD. S-210 TAMPA, FL 33607 TAMPA, FL 33607			r Kingjr.,BLVD. S-2	10	Land Marke			
2. Principal Place of Business 2769 Whitney Road 2769 Whitney Road								
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	•	01042006	Chg-P	CR2E034 (11/05))	
City & State Clear Zip 227	1 F1.	City & State Clearwate Zip 33760	V FL	4. FEI Number 41 2 5. Certificate of	16 78 2 Status Desired	9 \$8.75 Ac Fee Requir		
33/	6. Name and Address of Current R		<u> </u>	7. Name and A	ddress of New R		eu -	
TANNER, 2700 W. M TAMPA, FI	ARTIN LUTHER KING, JR., BLV	D. S-210	gs (P.O. Box Number	P.O. Box Number is Not Acceptable) Whitney Hood				
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Circleanuater FL ZigCodq 260								
	Sgnature, pixed in printed name of registered agent at E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0! OFFICERS AND C	9. Election Campaigr Trust Fund Contrib	~ ~ ,	\$5.00 May Be Added to Fees	HANGES TO OFFI	CERS AND DIRECTO	RS IN 11	
IIRLE NAME STREET ADDRESS CHY-ST-ZIP	PSTD TANNER, JOHN M 2700 W. MARTIN LUTHER KING, TAMPA, FL 33607	☐ Deleie JR.,BLVD. S-210	STREET ADDRESS 2	PSTD TARRY, Jo 1769 Whi Jeanwater	ha M. they Road	12 Change 3 3 7 6 0	☐ Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		€ Delete	TITLE NAME STREET ADDRESS CHY-S1-ZIP		<u> </u>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	INTLE NAME STREET ADDRESS CITY-ST-ZP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME SIREET ADDRESS CITY-ST-ZIP		·	☐ Change	☐ Addition	
THE NAME STREET ADDRESS CITY-ST-ZIP		□ Delexe	TITLE NAME STREET AUDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	☐ Addition	
indicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor	true and accurate and that my	signature shall have t	he same legal effect a	as if made under c	ath: that I am an office	er or director	

SIGNATURE		// -//
	7	SINATURE AND

John M. TANNEN
TER NAME OF SIGNING OFFICER OR DIRECTOR

4 - Z -06

813 386 0786 Dayline Phone #