

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90022 045 \*\*\*150.00

<b>DOCUMENT # P05000074481</b>					
<b>1. Entity Name</b> SDC OF TAMPA BAY, INC					
<b>Principal Place of Business</b> 21043 MARSH HAWK DRIVE LAND O LAKES, FL 34638			<b>Mailing Address</b> 21043 MARSH HAWK DRIVE LAND O LAKES, FL 34638		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> P O Box 252			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State LAND O LAKES, FL		<b>4. FEI Number</b> 20-2926542	
Zip		Zip 34638		Applied For Not Applicable	
Country		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WHITEMORE, CARRIGAN, CHAVARRIA LLP 3910 NORTHDAL BLVD SUITE 100 TAMPA, FL 33624			<b>7. Name and Address of New Registered Agent</b> Name: <u>Thomas J. Carrigan</u> Street Address (P.O. Box Number is Not Acceptable): <u>21043 Marsh Hawk Dr</u> City: <u>Land O Lakes</u> FL Zip Code: <u>34638</u>		
<b>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.</b> SIGNATURE: <u>Thomas J. Carrigan</u> DATE: <u>1/9/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES CARRIGAN, SUSAN D 21043 MARSH HAWK DRIVE LAND O LAKES, FL 34638		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>					
<b>SIGNATURE:</b> <u>Susan Carrigan</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>1/9/06</u> Daytime Phone #: <u>813-929-9254</u>		