

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091795

FILED
Mar 17, 2006
Secretary of State

Entity Name: ANGELA MCBRIDE, PH.D., P.A.

Current Principal Place of Business:

8473 WEST LINEBAUGH AVE.
TAMPA, FL 33626 US

New Principal Place of Business:

8473 WEST LINEBAUGH AVE.
TAMPA, FL 33625 US

Current Mailing Address:

8473 WEST LINEBAUGH AVE.
TAMPA, FL 33626 US

New Mailing Address:

8473 WEST LINEBAUGH AVE.
TAMPA, FL 33625 US

FEI Number: 20-3153851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCBRIDE, ANGELA M PHD
8473 WEST LINEBAUGH AVE.
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

MCBRIDE, ANGELA M PHD
8473 WEST LINEBAUGH AVE.
TAMPA, FL 33625 US

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: ANGELA MCBRIDE

03/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCBRIDE, ANGELA M PHD
Address: 11706 NORTH DRIVE
City-St-Zip: TAMPA, FL 336171812 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCBRIDE, ANGELA M PHD
Address: 11706 NORTH DRIVE
City-St-Zip: TAMPA, FL 33617 US

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: ANGELA MCBRIDE

P

03/17/2006

Electronic Signature of Signing Officer or Director

Date