## **2007 FOR PROFIT CORPORATION**

## **FILED** Feb 12, 2007 8:00 am

	ANNUA	LKEPUKI				Secreta	ry oi	State
DOCUMENT # P05000106059						02-12-2007 9	90099 013 **	*150.00
1. Entity Name SAMUEL W. S'DOIA M.D., P.A.								
0,								
Principal Place of Business Mailing Address		Mailing Address			30	J-p =		
300 RIVERSI BRADENTON	DE DRIVE EAST STE 4300 , FL 34208	300 RIVERSIDE DRIVE Bradenton, FL 3420			1 18011801 III I	IPINI NIM NAME PAME	11811 <b>28</b> 118 86111 8 8181 8	P18 (81189) ja 1891
2. Principal P	lace of Bysiness - No P.O. Box # 3411 Aye West	3. Mailing Address						
Suite, Apt.	#. etc.	Suite, Apt. #, etc.			02012007	Chg-P	CR2E034 (12/	06)
City & State		City & State			4. FEI Number 20-3234			Applied For Not Applicable
34200	Country	Zip	Country		5. Certificate of	of Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Curren	t Registered Agent	Name		7. Name and	Address of New Re	gistered Agent	
HARRISON, THOMAS W 1206 MANATEE AVENUE WEST BRADENTON, FL 34205				ddress (P.	O. Box Numbe	r is Not Acceptable)		
			City				FL Zip	Code
	named entity submits this statement ions of registered agent.	for the purpose of changing its	registered office or	registered	d agent, or both	n, in the State of Flori	da. I am familiar	with, and accept
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered ager	nt and little it applicable. (NOT	E: Registered Agent signatu	w beruper ex	hen reinstating)		DATE.	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550	9. Election Campa Trust Fund Con		<b>\$5.0</b> Added	0 May Be I to Fees			
10.	OFFICERS ANI		11.		ADDITIONS/0	CHANGES TO OFFIC		
TITLE NAME	D * S'DOIA, SAMUEL W	☐ Delete	TITLE NAME				671 Ob.	
STREET ADDRESS CHY-ST-ZIP	300 RIVERSIDE DRIVE EAST S BRADENTON, FL 34208	STE 4300	PARTICE ADDRESS	5.00	LA SAN	11161 1	<b>⊠</b> Cha	nge 🗌 Addition
TITLE	<del></del>		STREET ADORESS CITY-ST-ZIP	5: Do 4610 Brad	(A,SAM)	NGLLU. West Fl. 34209	<b>123</b> 1 Cilia 3	nge 🗌 Addition
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STREET ADDRESS		☐ Delete		S: Do 4610 Brad	(A, SAn ) 34世 / <u>enton</u> ,	NUELLU. TVE. WEST Fl. 34209	]	
STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Do 4610 Brad	(A, SAn (A) 34世 / (A) 5An	NUELLU. tve. West Fl. 34209	] Crea	nge 🔲 Addition
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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.

SIGNATURE SIGNATURE AND TYPED OF SIGNING OFFICER OF DIRECTOR