


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000081490

1. Entity Name
LAWRENCE N. PASMAN, PH.D., P.A.



Principal Place of Business
**14021 NORTH DALE MABRY
 TAMPA, FL 33618 US**

Mailing Address
**14021 NORTH DALE MABRY
 TAMPA, FL 33618 US**

DO NOT WRITE IN THIS SPACE



04192008 No Chg-P CR2E034 (11/05)

4. FEI Number
16-1763759

Applied For
 Not Applicable


5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**COUNTRYMAN, JOHN CPA
 16011 NEBRASKA AVE NORTH
 106
 LUTZ, FL 33549**

DO NOT WRITE IN THIS SPACE

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 **1-21-08**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

U00000923330
 05/16/08-80026-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T, PASMAN, LAWRENCE N 14021 NORTH DALE MABRY TAMPA, FL 33618
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE **04-22-08** 813-265-1934

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #