

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000123295

Entity Name: THOMAS M. TARSIA, P.A.

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

480 SAWGRASS CORPORATE PARKWAY
SUITE 110
SUNRISE, FL 33325

New Principal Place of Business:

13751 METROPOLIS AVENUE
FORT MYERS, FL 33912

Current Mailing Address:

1609 SW 22ND TERR
CAPE CORAL, FL 33991

New Mailing Address:

13751 METROPOLIS AVENUE
FORT MYERS, FL 33912

FEI Number: 20-5613097

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TARSIA, THOMAS M
480 SAWGRASS CORPORATE PKWY
STE. 110
SUNRISE, FL 33325 US

Name and Address of New Registered Agent:

TARSIA, THOMAS M
13751 METROPOLIS AVENUE
FORT MYERS, FL 33912 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:

04/29/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TARSIA, THOMAS M
Address: 480 SAWGRASS CORPORATE PARKWAY , SUITE 110
City-St-Zip: SUNRISE, FL 33325

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TARSIA, THOMAS M
Address: 13751 METROPOLIS AVENUE
City-St-Zip: FORT MYERS, FL 33912

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS M. TARSIA

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date