## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132334

Entity Name: CARY L HALL, MD, PA

**FILED** Feb 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

11901 4TH STREET NORTH #5102 6648 83RD AVE N

ST PETERSBURG, FL 33716 PINELLAS PARK,, FL 33781

**Current Mailing Address: New Mailing Address:** 

11901 4TH STREET NORTH #5102 6648 83RD AVE N

PINELLAS PARK,, FL 33781 ST PETERSBURG, FL 33716

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HALL, CARY L MD HALL, CARY L MD 11901 4TH STREET NORTH #5102 6648 83RD AVE N

ST PETERSBURG, FL 33716 PINELLAS PARK,, FL 33781 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: CARY HALL MD, PA 02/15/2007

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Address:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PVST** ( ) Delete Title: (X) Change ( ) Addition HALL, CARY L MD HALL, CARY L MD Name: Name:

11901 4TH STREET NORTH #5102 6648 83RD AVE N Address: Address:

City-St-Zip: ST PETERSBURG, FL 33716 City-St-Zip: PINELLAS PARK,, FL 33781

Title: (X) Delete Title: () Change () Addition Name:

HALL, CARY L MD Name: 11901 4TH STREET NORTH #5102 Address: ST PETERSBURG, FL 33716 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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: CARY HALL D 02/15/2007