

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000037053

Entity Name: THOMAS MEDICAL PROPERTIES, INC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

502 S. FREMONT AVE  
#813  
TAMPA, FL 33606

**New Principal Place of Business:**

12015 WHITMARSH  
TAMPA, FL 336261737

**Current Mailing Address:**

502 S. FREMONT AVE  
#813  
TAMPA, FL 33606

**New Mailing Address:**

12015 WHITMARSH  
TAMPA, FL 336261737

FEI Number: 26-0505695

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

THOMAS, STANLEY M  
502 S. FREMONT AVE  
#813  
TAMPA, FL 33606 US

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

THOMAS, STANLEY M  
12015 WHITMARSH  
TAMPA, FL 336261737 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: STANLEY M THOMAS

04/29/2008

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: THOMAS, STANLEY M  
Address: 502 S. FREMONT AVE  
City-St-Zip: TAMPA, FL 33606

Title: VP ( ) Delete  
Name: THOMAS, STANLEY M  
Address: 502 S. FREMONT AVE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: THOMAS, STANLEY M  
Address: 12015 WHITMARSH  
City-St-Zip: TAMPA, FL 336261737

Title: VP (X) Change ( ) Addition  
Name: THOMAS, STANLEY M  
Address: 12015 WHITMARSH  
City-St-Zip: TAMPA, FL 336261737

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: STANLEY M THOMAS

P

04/29/2008

Electronic Signature of Signing Officer or Director

Date