2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2010
Secretary of State

DOCUMENT# P08000007492

Entity Name: TRACY L. COLCHAMIRO, M.D., P.A.

Current Principal Place of Business:

1308 E. HARDING STREET
ORLANDO, FL 32806 US

New Principal Place of Business:

3629 LAKE EMMA ROAD
LAKE MARY, FL 32746 US

Current Mailing Address:

1308 E. HARDING STREET
ORLANDO, FL 32806 US

New Mailing Address:

FEI Number: 37-1559858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLCHAMIRO, TRACY L M.D.
1308 E. HARDING STREET
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: VP
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: SEC
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

Title: TREA
Name: COLCHAMIRO, TRACY L M.D.
Address: 1308 E. HARDING STREET
City-St-Zip: ORLANDO, FL 32806 US

I hereby 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 all other like empowered.

SIGNATURE: TRACY L. COLCHAMIRO, M.D. P 06/17/2010

Electronic Signature of Signing Officer or Director Date