## FILED Jun 04, 2007 8:00 am Secretary of State 05-07-2007 90059 029 \*\*\*150.00

## **2007 FOR PROFIT CORPORATION**

1. Entity Name HOBART	R. HELMAN, M.D., P.A.				
Principal Place 8620 S. TAM		Mailing Address 8620 S. TAMIAMI TRAIL			
SUITE F	IAMI TRAIL	SUITE F	•		
SARASOTA, FI	L 34238	SARASOTA, FL 34238	<u>.</u>		
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DO NOT WRITE IN THIS SPA			CE		ed For
		·			pplicable
	<u>-</u>			5. Certificate of Status Desired   \$8.75 Addition Fee Required	mai
	6. Name and Address of Current I	Registered Agent			•
HELMAN, HOBART R MD, PA 8620 S. TAMIAMI TRAIL				DO NOT WRITE	
SUITE F SARASOTA, FL 34238			IN THIS SPACE		
8. The above of the obligation	named entity submits this statement for ons of registered agent.	the purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida. I am familiar with, and	d accept
SIGNATURE_	Signature, typed or printed name of requiered agent is	nd talle if applicable [NOTE: Register	ed Agent signature required	when remetating) (DATE	
FILE After Ma	E NOWIR FEE IS \$150.00 by 1, 2007 Fee will be \$550.0	Election Campaign Fina     Trust Fund Contribution		00 May Be ad to Fees	
10.	OFFICERS AND E	DIRECTORS			
TITLE NAME	D HELMAN, HOBART R			·	
STREET ADDRESS	s 4841 FALLCREST CIR				
	SARASOTA, FL 34233	<del></del>	4		
TITLE			1		
STREET ADORESS			į		
CITY-ST-ZIP			1		
TITLE			l		
STREET ADDRESS				DO NOT WRITE	
CITY+ST-ZIP			4	DO NOT WRITE	
TITLE NAME			Į.	IN THIS SPACE	
STREET ADORESS					
CITY-ST-ZP					
TILE					
NAME STREET ADDRESS					
CITY-ST-ZIP			Ī		
TITLE			1		
NAME STREET ADORESS			I		
CITY-ST-ZIP				•	
or use corp	ertify that the information supplied with to on this report or supplemental report is sociation or the receiver or trustee empor or on an attachment with an address, w	Mereo lo execute inis report as requ	emptions contained iture shall have the s ired by Chapter 607,	in Chapter 119. Florida Statutes, I further certify that the informane legal effect as if made under oath; that I am an officer or or Florida Statutes; and that my name appears in Block 10 or Blo	nation lirector ick 11 if
SIGNATI	URE: Hobart R.	Helman_		4-23-07 941-966-945	2
	SHOWATURE AND TYPES OF PE	INTED NAME OF BIGHING OFFICER OR DIREC			