


2007 FOR PROFIT CORPORATION ANNUAL REPORT

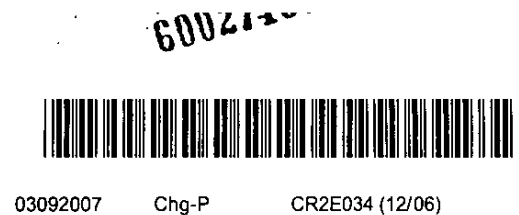
FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90009 020 ***150.00

DOCUMENT # P94000029817		
1. Entity Name DENNIS L. HOOVER, M.D., P.A.		

Principal Place of Business 2727 W DR ML KING BLVD SUITE 200 TAMPA, FL 33607 US	Mailing Address 2727 W DR ML KING BLVD SUITE 200 TAMPA, FL 33607 US
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2. Principal Place of Business - No P.O. Box # 4712 N. Armenia Ave	3. Mailing Address 4712 N. Armenia Ave
Suite, Apt. #, etc. 200	Suite, Apt. #, etc. 200
City & State Tampa FL	City & State Tampa FL
Zip 33603 Country USA	Zip 33603 Country USA



4. FEI Number 59-3236132	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPTS HOOVER, DENNIS L MD 2727 W DR ML KING BLVD., STE 200 TAMPA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	4712 N. Armenia Ave, Ste 200 Tampa FL 33603 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Dennis L Hoover MD, P.A.</u>	3/19/07 (83) 874-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone