


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-22-2007 90009 021 \*\*\*150.00

DOCUMENT # P94000029820					
1. Entity Name <b>E. MICHAEL REISMAN, M.D., P.A.</b>					
Principal Place of Business <b>2727 W DR ML KING BLVD SUITE 200 TAMPA, FL 33607 US</b>			Mailing Address <b>2727 W DR ML KING BLVD SUITE 200 TAMPA, FL 33607 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4712 N. Armenia Ave</b>		3. Mailing Address <b>4712 N. Armenia Ave</b>			
Suite, Apt. #, etc. <b>200</b>		Suite, Apt. #, etc. <b>200</b>			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>			
Zip <b>33603</b>		Zip <b>33603</b>			
Country <b>USA</b>		Country <b>USA</b>		03092007 Chg-P CR2E034 (12/06)	
4. FEI Number <b>59-3236142</b>				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 <b>HINES, JAMES P 315 S. HYDE PARK AVE. TAMPA, FL 33606</b>			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State <b>FL</b> Zip Code		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DPTS REISMAN, E. M 2727 W DR ML KING BLVD., STE 200 TAMPA, FL</b>	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>4712 N. Armenia Ave, Ste 200 Tampa FL 33603</b>			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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: _____		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>DPTS</b>		Date <b>3/17/07</b> (813) 874-7500 Daytime Phone #	