


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # P95000046086 1. Entity Name CRAIG M. TILGHMAN, M.D., P.A.	
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Principal Place of Business 2202 STATE AVENUE STE 207 PANAMA CITY, FL 32405	Mailing Address 2202 STATE AVENUE STE 207 PANAMA CITY, FL 32405
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DO NOT WRITE IN THIS SPACE



03122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3325930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TILGHMAN, CRAIG M M.D.
2202 STATE AVENUE
SUITE 207
PANAMA CITY, FL 32405

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TILGHMAN, CRAIG M M.D. 1210 SAVANNAH DRIVE PANAMA CITY, FL 32405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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100000668582
03/27/07-80038-003 150.00

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:  **March 14-2007** **850-872-7900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #