

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000003855			
1. Entity Name C. THOMMEN THOMAS, M.D., P.A.			
Principal Place of Business 165 W. ROBERTSON STREET BRANDON FL 33511		Mailing Address 165 W. ROBERTSON STREET BRANDON FL 33511	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE

CR2ED34 (10/05)

4. FEI Number
59-3353788

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THOMAS, THOMMEN
165 W. ROBERTSON STREET
BRANDON FL 33511

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 *[Signature]*
Signature, hand or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reconstituting)

DATE

2/13/2008

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME THOMAS, THOMMEN
STREET ADDRESS 165 W. ROBERTSON STREET
CITY-ST-ZIP BRANDON FL 33511

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
U00000442183
03/04/06-80009-011 150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

2/13/2008 813 685 9693

Date:

Daytime Phone #