2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2010
Secretary of State

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Entity Name: EMILE C. COMMEDORE, M.D., P.A.

Current Principal Place of Business:

800 W. DR M. L. KING JR. BLVD.
SUITE 2
TAMPA, FL 33603 US

New Principal Place of Business:

508 W. DR M. L. KING JR. BLVD.
SUITE B
TAMPA, FL 33603 US

Current Mailing Address:

P O BOX 271386
TAMPA, FL 336881386 US

New Mailing Address:

FEI Number: 59-3350578 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMMEDORE, EMILE C.
800 W. DR. M. L. KING JR. BLVD.
SUITE 2
TAMPA, FL 33603 US

Name and Address of New Registered Agent:

COMMEDORE, EMILE C.
508 W. DR. M. L. KING JR. BLVD.
SUITE B
TAMPA, FL 33603 US

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.

SIGNATURE: EMILE COMMEDORE M.D. 04/02/2010
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR
Name: COMMEDORE, EMILE C
Address: P.O BOX
City-St-Zip: TAMPA, FL 33688

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: EMILE COMMEDORE, M.D. PRES 04/02/2010
Electronic Signature of Signing Officer or Director Date