

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000017335

Entity Name: STRICK MAYS, M.D., P.A.

FILED
Apr 25, 2007
Secretary of State

Current Principal Place of Business:

1701 OSCEOLA BAY AVENUE
NICEVILLE, FL 32578

New Principal Place of Business:

131 REDSTONE AVE
SUITE 109
CRESTVIEW, FL 32539

Current Mailing Address:

1701 OSCEOLA BAY AVENUE
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 59-3644473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAYS, STRICKER
1701 OSCEOLA BAY AVENUE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAYS, STRICKER C
Address: 1701 OSCEOLA BAY AVENUE
City-St-Zip: NICEVILLE, FL 32578

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MAYS, STRICKER C
Address: 1701 OSCEOLA BAY AVENUE
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STRICKER MAYS

DR

04/25/2007

Electronic Signature of Signing Officer or Director

Date