
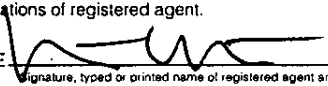



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90084 047 \*\*\*150.00

| <b>DOCUMENT # P96000069195</b><br>1. Entity Name<br><b>PHILIP S. STROMQUIST, M.D., P.A.</b>   |  |   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Principal Place of Business<br><b>602 AVOUBON AVE.<br/>SUITE B<br/>TAMPA, FL 33609 US</b>   | Mailing Address<br><b>502 N ARMENIA AVE<br/>TAMPA, FL 33609 US</b>   |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2. Principal Place of Business - No P.O. Box # _____  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Suite, Apt. #, etc. _____   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| City & State _____  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Zip _____   | Country _____  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>Koehler &amp; Company, P.A.<br/>401 North Howard Avenue<br/>Tampa, FL 33606</b>  |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>6. Name and Address of Current Registered Agent</b><br><br><b>KOEHLER, KEITH W<br/>502 NORTH ARMENIA AVE<br/>TAMPA, FL 33609</b>   |  | <b>7. Name and Address of New Registered Agent</b><br>Name <b>KEITH W. KOEHLER</b><br><b>Koehler &amp; Company, P.A.<br/>401 North Howard Avenue<br/>Tampa, FL 33606</b><br>Zip Code _____ |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 8. The above named entity submits this statement for the purpose of changing its registered agent and accepting the obligations of registered agent.<br>SIGNATURE  4/25/07<br><small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE</small>   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May.1, 2007 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution: <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees   |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. 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| 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:  <b>PHILIP S. STROMQUIST</b> 4/30/07 (813) 348 4885<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |



04262007 Chg-P CR2E034 (12/06)

4. FEI Number **59-3398337** Applied For ☐ Not Applicable ☐

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