


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P96000077869 1. Entity Name DAVID A. PETERSEN, M.D., P.A.	
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Principal Place of Business 2730 MCMULLEN BOOTH RD SUITE #201 CLEARWATER, FL 33761 US	Mailing Address 2730 MCMULLEN BOOTH RD SUITE #201 CLEARWATER, FL 33761 US
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01262007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3402417	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  PETERSEN, DAVID A M.D. 2730 MCMULLEN BOOTH RD #201 CLEARWATER, FL 33761
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**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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PETERSEN, DAVID A M.D. 2730 MCMULLEN BOOTH RD, #201 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DENYS, ANNE 2730 MCMULLEN BOOTH RD, #201 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAMPTON, MARY 2730 MCMULLEN BOOTH RD, #201 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIGIOVANNA, JOE 2730 MCMULLEN BOOTH RD, #201 CLEARWATER, FL 33761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 other like empowered.

SIGNATURE: DAVID A. PETERSEN 1/29/07 727-724-3912  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #