

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90211 036 ***150.00

DOCUMENT # P97000000825	
1. Entity Name DONALD R. TAYLOR, JR., M.D., P.A.	
Principal Place of Business 3450 E. FLETCHER AVENUE STE 250 TAMPA, FL 33613	Mailing Address 3450 E. FLETCHER AVENUE STE 250 TAMPA, FL 33613



03032008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3417276	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

6. Name and Address of Current Registered Agent ELEFF, STANLEY H ESQ ONE BANK OF AMERICA PLAZA, STE. 2700 101 EAST KENNEDY BLVD TAMPA, FL 33602	
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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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD TAYLOR, DONALD R JR, MD 5009 LANDSTAR WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Donald R. Taylor, Jr., M.D. Donald R. Taylor Jr, MD 4/23/08 (813) 978-9382