2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000037771

1. Entity Name
R. MICHAEL CARLSON, M.D., P.A.

Principal Place of Business	Mailing Address
12840 MANDARIN ROAD	12840 MANDARIN ROAD
JACKSONVILLE, FL 32233	JACKSONVILLE, FL 32233

DO NOT WRITE IN THIS SPACE

05052008   No Chg-P   CR2E034 (11/05)

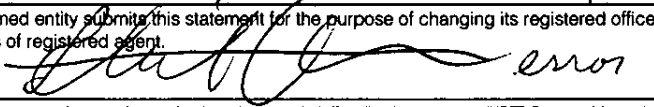| 4. FEI Number	Applied Fc
59-3444846	Not Applic

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

6. Name and Address of Current Registered Agent

HEEKIN, T G
8375 DIX ELLIS TRAIL
SUITE 405
JACKSONVILLE, FL 32256

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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 acc the obligations of registered agent.

SIGNATURE _____   _error_   5/1/8

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
Due by September 12, 2008

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

In accordance with s. 607.193(2)(b), F.S., th corporation did not receive the prior notice.

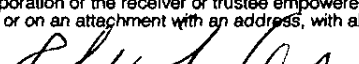**10.   OFFICERS AND DIRECTORS**

TITLE	D
NAME	CARLSON, R M
STREET ADDRESS	12840 MANDARIN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32233

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

_____   President   5/1/8