

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90047 024 \*\*\*158.75

DOCUMENT # P97000084436  
 1. Entity Name  
 THOMAS M. KERR, M.D., P.A.



Principal Place of Business Mailing Address  
~~4600 N. HABANA, STE. 28~~ ~~4600 N. HABANA, STE. 28~~  
~~TAMPA, FL 33614~~ ~~TAMPA, FL 33614~~

900-



2. Principal Place of Business - No P.O. Box # 3. Mailing Address  
 2809 W. WATERS AVE. 2809 W. WATERS AVE.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

01162008 Chg-P CR2E034 (12/06)

City & State TAMPA, FL City & State TAMPA, FL

4. FEI Number 59-3422525 Applied For Not Applicable

Zip Country 33614 USA Zip Country 33614 USA

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

6. Name and Address of Current Registered Agent  
 BERGEN, AMY L  
 401 E. JACKSON ST., STE. 2500  
 TAMPA, FL 33602

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (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	PRES KERR, THOMAS M <del>4600 N. HABANA, STE. 28</del> <del>TAMPA, FL 33614</del>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2809 W. WATERS AVE. TAMPA, FL 33614	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: DATE: 1/22/08 DAYING PHONE: 813-348-9098