


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 02, 2008 8:00 am  
Secretary of State**

04-25-2008 90118 041 \*\*\*150.00

<b>DOCUMENT # P97000107931</b>		
1. Entity Name <b>DOCTORS' MEDICAL PLAZA MANAGEMENT COMPANY OF PINELLAS COUNTY, INC.</b>		
Principal Place of Business <b>6450 38TH AVE. N., SUITE 200 ST. PETERSBURG, FL 33710</b>	Mailing Address <b>6450 38TH AVE. N., SUITE 200 ST. PETERSBURG, FL 33710</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>CARLSON, JEFFREY K 6540 38TH AVENUE NORTH SUITE 200 ST. PETERSBURG, FL 33710</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. CARLSON, JEFFREY K 6540 38TH AVE. N., SUITE 200 ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. AMODEO, DONALD J 6540 38TH AVE. N. SUITE 200 ST. PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. TEYTELBAUM, LEO 6540 38TH AVENUE N SUITE 200 ST PETERSBURG, FL 33710	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>Jeffrey Carlson</u> <b>Jeffrey Carlson</b>		Date <u>5/29/08</u> Daytime Phone # <u>727-298-5314</u>

**66012927**



04022008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3531891</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	