2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 19, 2008 08:00 AM Secretary of State

1. Entity Name	MENT # P990000562 A. NORRIS, M.D., P.A.	63			Secre	tary of Sta
Principal Place LAKESIDE OFF 3978 MANATE BRADENTON,	ice park :e ave east	Mailing Address 116 81ST ST W BRADENTON, FL 34209		 	ATTA TRUT BATTI BATTI BATTI BATTI AKKA ANTA A	
. D (O NOT WRITE	IN THIS SPA	CF.	02082008		34 (11/05)
		ing the state of t		4. FEI Number 65-0929 5. Certificate o	f Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required
NORRIS, S' 116 81ST S BRADENTO		pistered Agent		Learning of the Control	NOT WRITE HIS SPACE	
the obligation	amed entity submits this statement for the ns of registered agent. gnature, typed or printed name of registered agent and	••	ared office or register	ed agent, or both	 	amiliar with, and accept
'After May	NOW!!! FEE IS \$150.00 y 1, 2008 Fee will be \$550.00	9. Election Campaign Fin Trust Fund Contribution		00 May Be ad to Fees		
NAME I STREET ADDRESS :	OFFICERS AND DIF PSTD NORRIS, STEVEN A 3978 MANATEE AVE EAST BRADENTON, FL 34208	ECTORS	and South	e or get of the Book	U00000832176 02/27/08-80049-	009 150.00
TITLE NAME STREET ADDRESS	T NORRIS, NANCY 3978 MANATEE AVE EAST BRADENTON, FL 34208		to the state of th	erg, with the given		6 3 4 6 3 4 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6 1 6
NAME STREET ADDRESS CITY-ST-ZIP			hand a		NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ü		Market State			
NAME STREET ADDRESS	-					

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 BIGNING OFFICER OR DIRECTO

2/13/08

441/161479°,

Daytime Phone 4