

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

03-06-2008 90051 050 ***150.00

DOCUMENT # P99000075001

1. Entity Name
KATHLEEN A MACISAAC, M.D., INC.



Principal Place of Business
**3215 SOUTH MACDILL AVENUE
SUITE H
TAMPA, FL 33629**

Mailing Address
**3215 SOUTH MACDILL AVENUE
SUITE H
TAMPA, FL 33629**

4009000

2. Principal Place of Business - No P.O. Box #
4320 S MANHATTAN AVE

3. Mailing Address
4320 S MANHATTAN AVE



Suite, Apt. #, etc.

Suite, Apt. #, etc.

02012008 Chg-P CR2E034 (12/06)

City & State
TAMPA FL

City & State
TAMPA FL

4. FEI Number
59-3594889

Applied For
Not Applicable

Zip
33611-1304

Country

Zip
33611-1304

Country

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

6. Name and Address of Current Registered Agent

**MAC ISAAC, KATHLEEN A
3215 S. MAC DILL AVE.
SUITE H
TAMPA, FL 33629**

7. Name and Address of New Registered Agent

Name
MACISAAC, KATHLEEN A

Street Address (P.O. Box Number is Not Acceptable)
4320 S MANHATTAN AVE

City **TAMPA** FL Zip Code **33611-1304**

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
**P
MACISAAC, KATHLEEN A
3215 S. MAC DILL AVE. STE#H
TAMPA, FL 33629** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
MACISAAC, KATHLEEN A
4320 S MANHATTAN AVE
TAMPA FL 33611-1304** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
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☐ Change ☐ 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: *Kathleen A MacIsaac* **Kathleen A MacIsaac**

3/3/08

813 805-6333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #