


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90055 025 ***150.00

DOCUMENT # P99000079422					
1. Entity Name TIMOTHY J. WHALEY, CRNA, P.A.					
Principal Place of Business 500 NW 43 STREET STE 3 GAINESVILLE, FL 32607			Mailing Address 500 NW 43 STREET STE 3 GAINESVILLE, FL 32607		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 4110-D NW 37th P1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Gainesville, FL		4. FEI Number 59-3589856	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32606		Country U.S.		6. Name and Address of Current Registered Agent WHALEY, TIMOTHY J CRNA 3794 NE 166TH STREET N. MIAMI, FL 33160	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WHALEY, TIMOTHY J CRNA 3794 NE 166TH STREET N. MIAMI, FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	4110-D NW 37th P1 Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: _____ 3/8/08					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					