

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000096409 1. Entity Name ST. PATRICK MEDICAL P.A.	
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Principal Place of Business 7110 N NEBRASKA AVE STE A TAMPA, FL 33604	Mailing Address P.O. BOX 1250 BRANDON, FL 33509-1250
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DO NOT WRITE IN THIS SPACE



06232008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3611788	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent IJEWERE, PATRICK 1740 HULETT DRIVE BRANDON, FL 33511	<p style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
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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 07/10/08-80010-017 150.00

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE	P
NAME	IJEWERE, PATRICK
STREET ADDRESS	1740 HULETT DRIVE
CITY- ST- ZIP	BRANDON, FL 33511
TITLE	VPS
NAME	IJEWERE, SHERESE
STREET ADDRESS	1740 HULETT DRIVE
CITY- ST- ZIP	BRANDON, FL 33511
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

DO NOT WRITE
IN THIS SPACE

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]* PATRICK IJEWERE 7/01/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #