

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S01517

FILED
Jan 11, 2007
Secretary of State

Entity Name: FOLKMAN'S FAMILY PRACTICE AND ASSOCIATES, P.A.

Current Principal Place of Business:

6911 PISTOL RANGE ROAD
TAMPA, FL 33635 US

New Principal Place of Business:

Current Mailing Address:

6911 PISTOL RANGE ROAD
102
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 59-3028091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOLKMAN, LAURIE J. M.D.
6911 PISTOL RANGE ROAD
TAMPA, FL 33635 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FOLKMAN, LAURIE J. M, .D.
Address: 3700 PRESIDENTIAL DRIVE
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FOLKMAN, LAURIE J. M, .D.
Address: 3606 KINGS RD
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURIE FOLKMAN MD

MD

01/11/2007

Electronic Signature of Signing Officer or Director

Date